

~~12/19/83~~ cancelled
please forward to A.M.

12/19/83
as soon as possible

approval
12-19-83
C. William

PERMIT

P 33330
A 31691

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-392373
INDEX

ELLICOTT CITY
DISTRICT 5th.

DATE 11/28/83

Claude Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Md. PHONE 854-2006

SUBDIVISION Jocelyn Acres ROAD 6666 Luster Drive LOT 9, Section 2

PROPERTY OWNER Henry Monroe Builders, Inc.

ADDRESS 65110 Highbridge Road
Bowie, Maryland 20715

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 198 sq. ft. per bedroom. Trench to be 2 ft. wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 5 feet below original grade, with 5 feet of stone below distribution pipe. LOCATION: Place the ditch between perc holes (1) & perc holes 3,5. Perc hole 1 is located 130 feet from the back lot line and 60 feet from the right side of the lot as seen when facing the lot from the back lot line. Perc hole 3,5 is located 170 feet from the back lot line and 70 feet from the left sideline as seen when facing the lot from the back lot line. NOTE: The back lot line is the 190.00 feet long lot line on the eastern part of the lot.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before gravel is installed. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.

BUDG. PERMIT SIGNED
AND RETURNED 2/21/90
Sheet #30986 - gator

PLANS APPROVED BY Raymond Hodges DATE 5/03/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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

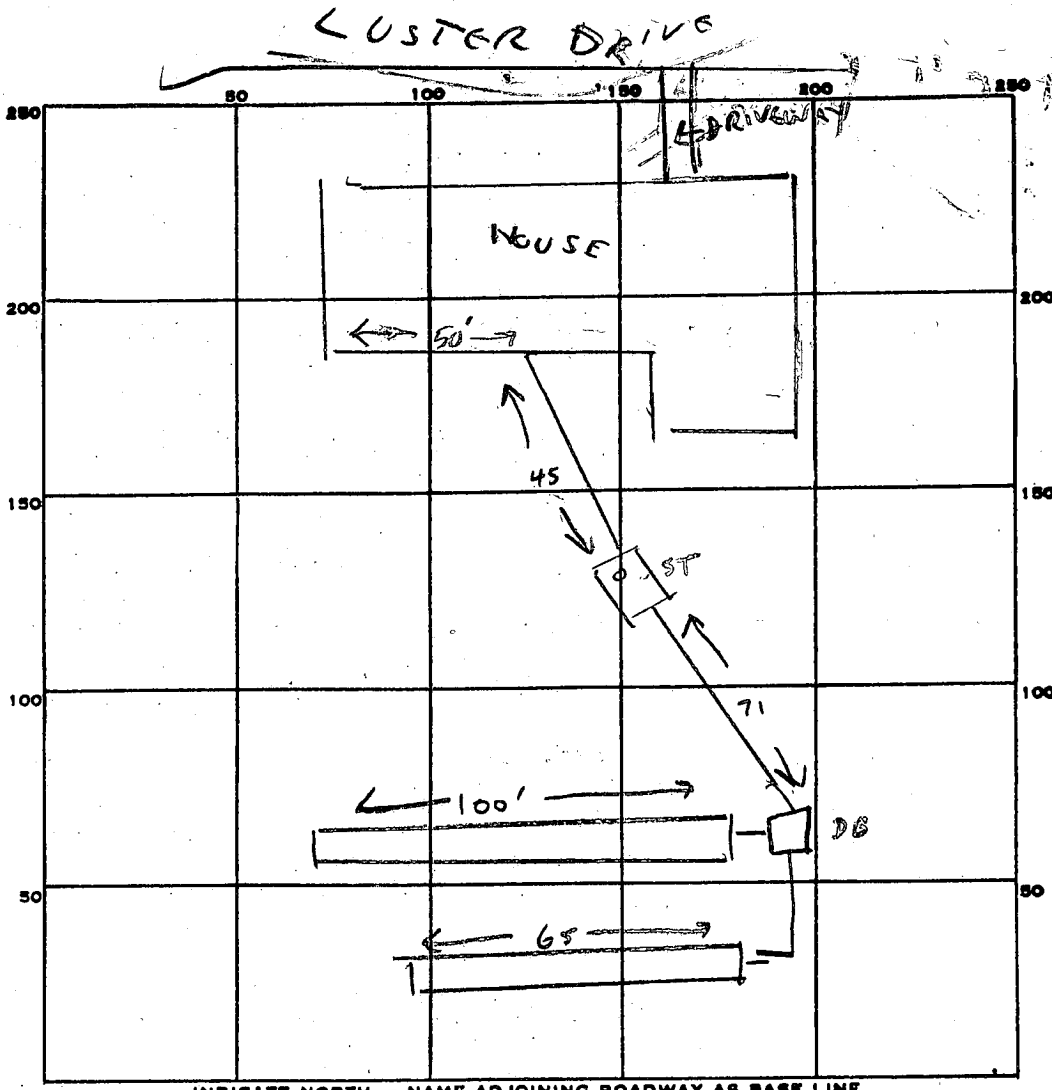
BUDG. PERMIT SIGNED
AND RETURNED 2/90
Sheet #30997 - family room

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31691



PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 165 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL TOTAL BOTTOM AREA 825

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 825 SQ. FT.

Handwritten calculations:
 $\frac{165}{5} = 33$
 $33 \times 25 = 825$
 $33 \times 25 = 825$
 $33 \times 25 = 825$
 $33 \times 25 = 825$

REMARKS

PIPING & TRENCHES OK. ADD GRAVEL 12-17-83 CW

DATE SYSTEM APPROVED 12-19-83

INSPECTOR C. Wilton

APPLICATION

A 31691

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT FIFTH

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE NOV. 3, 1981

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 MANGLITZ AND ASSOC.

ADDRESS P.O. BOX 701, ADELPHI, MARYLAND 20783 PHONE _____

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES Sec 2 LOT NO. ~~17~~ 9, sec II

ROAD AND DESCRIPTION 900'± FROM INTERSECTION OF LUSTER DRIVE AND VILLA DRIVE

SIZE OF LOT 3.5 AC.± TYPE BLDG. SINGLE FAMILY

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

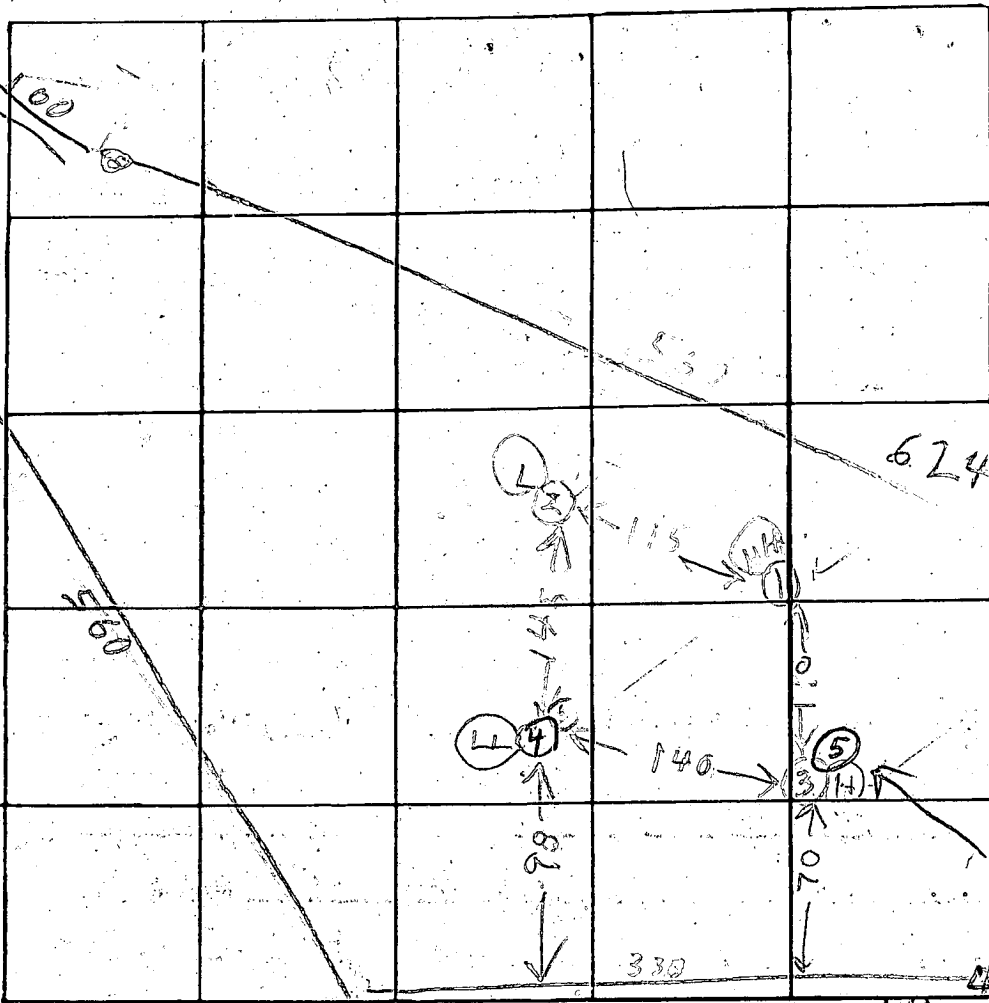
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

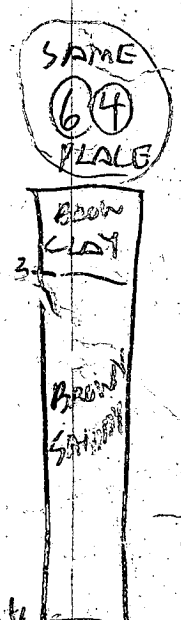
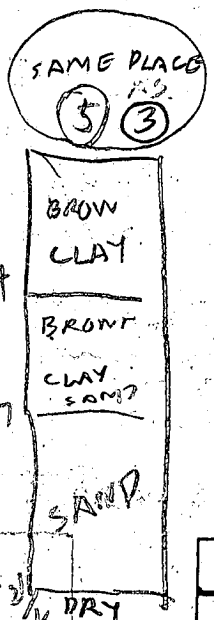
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



SEE PLAT ✓



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE

411.33

TREE AT CORNER

LOT ENLARGED TO PROVIDE HOUSE SITE 4/24/82 RH

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/4/81	1S	4 1/2	1010	1052	little per	FAIL	
	1V	13	TOP 6	FT CLAYISH			
			BOT 7	FT SANDY LOAM			
	2S	4 1/2	1027	1059	little per	FAIL	
	2V	13	TOP 6	FT CLAYISH			
			BOT 7	FT SANDY LOAM			
	3S	5	1046	1150	1050	1005	15
	3V	13	TOP 4	FT CLAYISH			
			BOT 9	FT SANDY LOAM			
	4S	4	1051	1052	1052	1054	2
	4V	13	TOP 3	FT CLAY			
			BOT 10	FT SANDY			
	2M	6	1113	1117	1117	1125	8
	1M	6	1127	1129	1129	1131	3
	1D	14	1133	1139	1134	1136	2
REMARKS	3D	14	1222	1223	1227	1226	3
11/4/81	4D	14	1230	1240	1240	1243	3
TYPE OF SOIL	20	14	1249	1253	1253	200	7

TESTED BY R. HODGES ALSO PRESENT: PHIL BACKHOE
4/24/82 5V 12 1/2 SEE SOIL PROFILE MANGLETZ OWNER
4/24/82 6V 10 1/2 3 1/2 SEE SOIL PROFILE BOLE BACK HOE
PETE NECKER BACKHOE

C1 0762
 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 31691**

DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **06 20 83**
 Depth of Well **203** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-0129**

OWNER **Marrie** last name **Luster Drive** first name **Michael**
 STREET OR RFD **Highland** TOWN
 SUBDIVISION **Jocelyn Acres** SECTION **2** LOT **9**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<i>Brown Shale</i>	0	15	
<i>Sand</i>	15	123	
<i>Gray mica rock</i>	123	203	

Well - 65 ft. filled in with cement

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1800**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO
 STEEL CONCRETE
PL OT
 PLASTIC OTHER

MAIN Nominal diameter Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
ST 6 129

OTHER CASING (if used)
 diameter depth (feet)
 inch from to

screen type or open hole
 insert appropriate code below
ST BR HO
 STEEL BRASS OPEN HOLE
PL OT
 PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 1 **40** **128** **203**
 2
 3

CIRCLE APPROPRIATE LETTER
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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT. AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

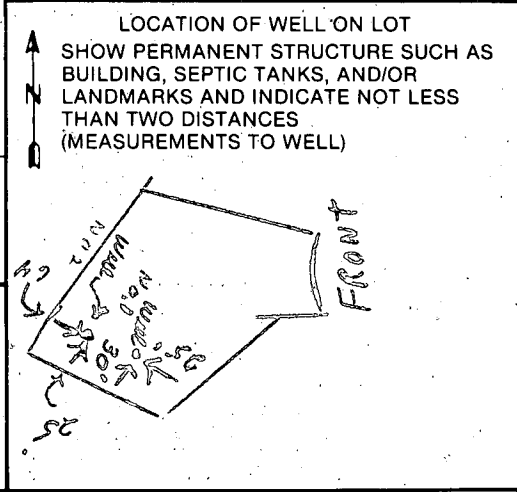
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

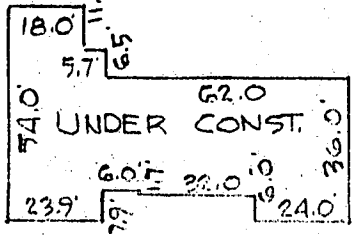
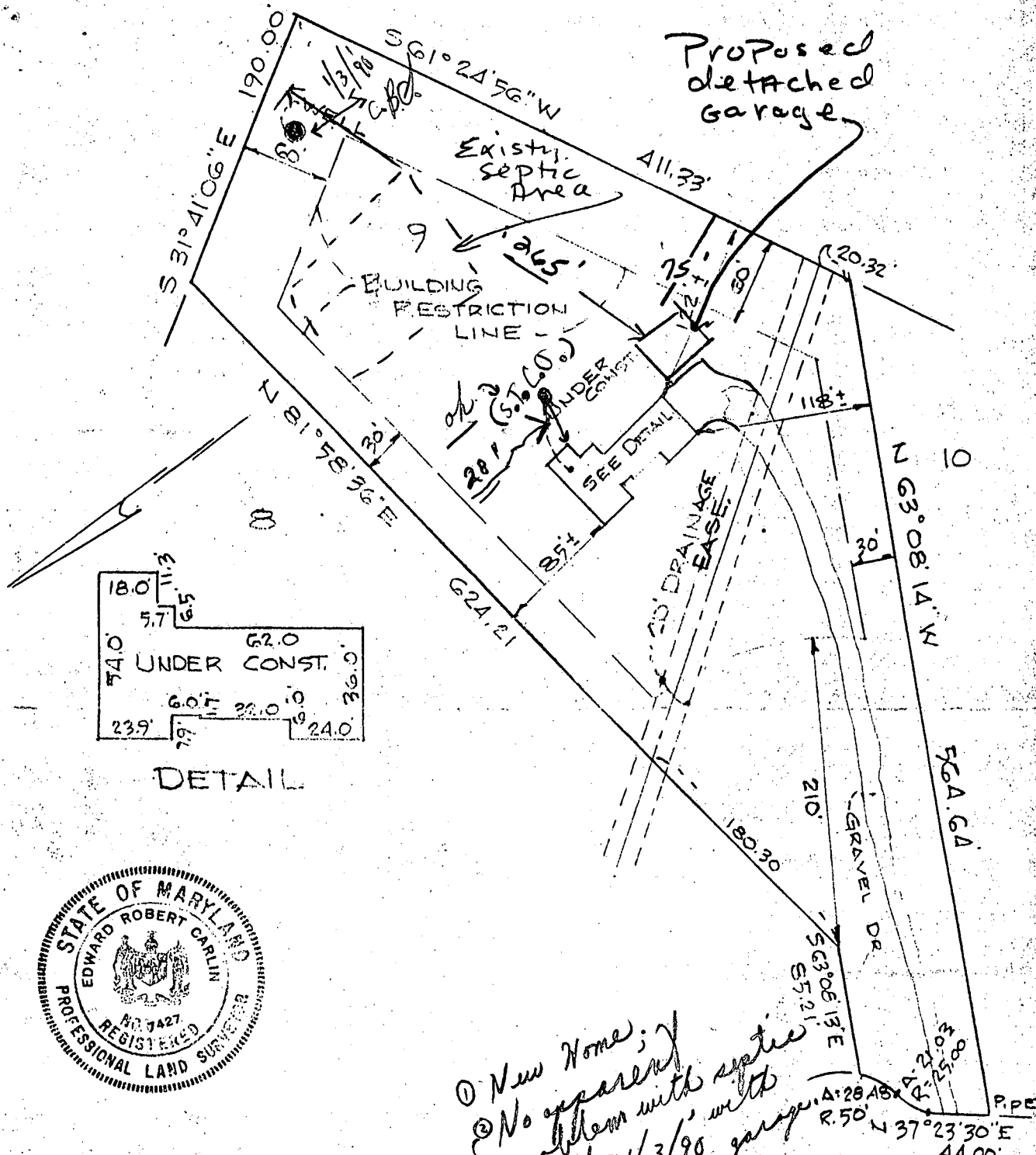
GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

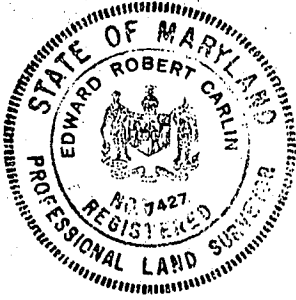
C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **40**
 WHEN PUMPING **87**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
above LAND SURFACE (nearest foot)
below





DETAIL



① New Home;
 ② No apparent problem with septic or well on 1/3/90 with new garage
 of C.B.C.

LUSTER DR.
 50' R/W

Record Reference _____

I hereby certify that the position of all the existing improvements on the above described property has been carefully established by a transit-tape survey; and that, unless otherwise shown, there are no encroachments. Unless otherwise shown, corners have not been set with this survey.

Edward R. Carlin

CARLIN & ASSOCIATES
 PROFESSIONAL LAND SURVEYORS
 4014 CROYDON LANE, BOWIE, MD
 301-262-7776

SCALE 1" = 100' DATE 7.27.83 CONTRACT NO. CR. 31

9 1 5194 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HO-81-0129
fill in this form completely

Date Received 052583
OWNER INFORMATION
HARRIS MICHAE
15 Last Name Owner First Name
1511 HARRIS RD
36 Street or RFD
TOWN HIGHLAND
70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2 HIGHLAND
8 COUNTY 21
JOCELYN HARRIS
23 SUBDIVISION 42
SECTION 2 LOT 1
44 46 48 50
HIGHLAND
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 MI
73 76 77 78

DRILLER INFORMATION
Driller's Name: *Joseph T. Magee* 77 License No. 80: 238
Firm Name: *Joseph T. Magee*
Address: *1511 Ridge Rd. Mt. Airy, Md.*
Signature: *Joseph T. Magee* Date: *5/25/83*

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
N
W 8-9 NE 8-9
W 8 E 8
S 8-9 SE 8-9
S
NEAR WHAT ROAD: *Water House*
11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
DISTANCE FROM ROAD: 34 37
ENTER FT or MI: FT 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: _____ COUNTY NO. _____
OEP SIGNATURE: _____ STATE HEALTH INSERT S: _____
DATE ISSUED: 060283
CO SIGNATURE: _____ EXP. DATE: _____
NORTH GRID: 50 000 EAST GRID: 57 000

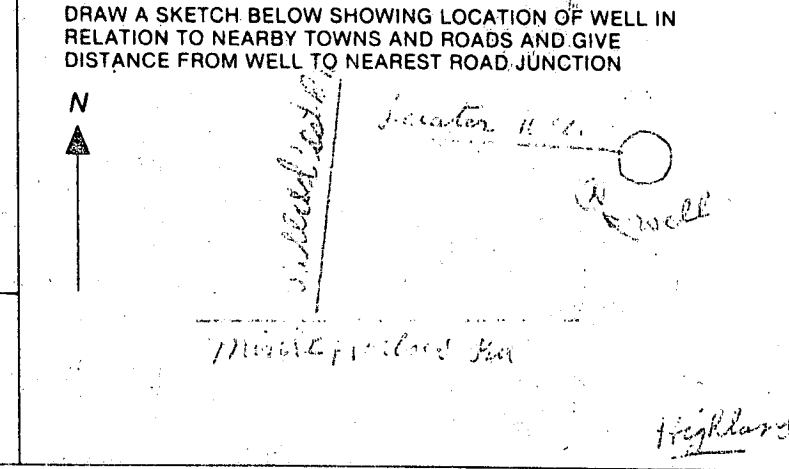
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER:
1. *WV = 4'*
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 500
N 490
*129' casing 1' above gq
60' open
20' bag cement
6/20/83 JS
No plat with grant
filled dry hole*

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 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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____ GAP _____
FORCE _____ WRITE INITIALS IN BOX PERMIT No. _____
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

B 1 **5194** SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

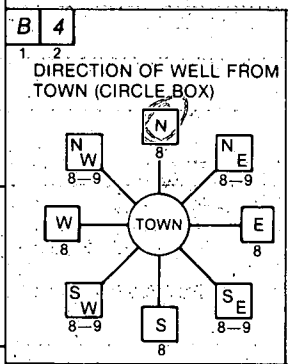
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HC-81-0129
fill in this form completely

Date Received **052583**
OWNER INFORMATION
Last Name **MARKIE** Owner **MICHAEL** First Name
Street or RFD **6911 Highbridge Rd**
Town **Bowie** State **MD** Zip **20715**

B 3 LOCATION OF WELL
COUNTY **HOWARD**
SUBDIVISION **JOCELYN ACRES**
SECTION **2** LOT **9**
NEAREST TOWN **HIGHLAND**
MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Driller's Name **Joseph T. Mayne** License No. **238**
Firm Name **Joseph T. Mayne**
Address **5512 Ridge Rd. Mt Airy Md.**
Signature **Joseph T. Mayne** Date **5/25/83**



DIRECTION OF WELL FROM TOWN (CIRCLE BOX) **N**
NEAR WHAT ROAD **Juster Drive**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **WEST**
DISTANCE FROM ROAD **430** FT
ENTER FT or MI **FT**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **3**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
131691 COUNTY NO.
OEP SIGNATURE **Frank Stein** STATE HEALTH INSERT S
DATE ISSUED **060783** EXP. DATE **12/7/83**
NORTH GRID **494000** EAST GRID **0895000**

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

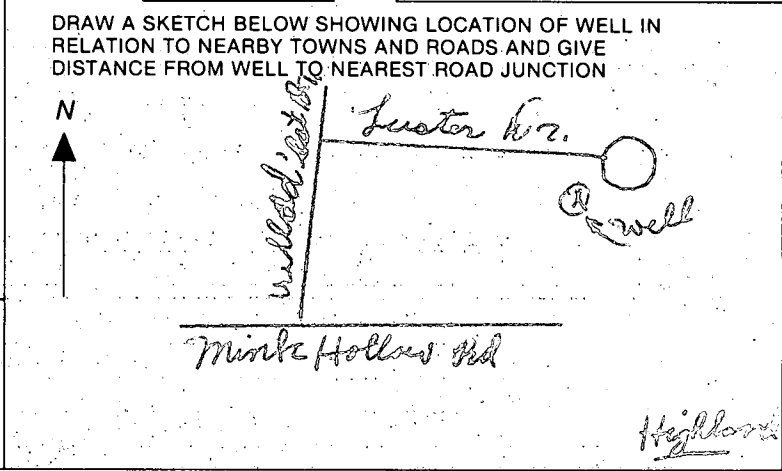
APPROXIMATE DEPTH OF WELL **300** FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **WELL**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
800 5
490 4

APPROXIMATE DIAMETER OF WELL **6** 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
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PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____
FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HC-81-0129**

SPECIAL CONDITIONS
DRILLER

~~12/9/83~~ cancelled
10.00 A.M.
please

12/19/83
as soon as possible

approved
12-19-83
C. Williams

PERMIT

P 33330
A 31691

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 5th.

INDEX

DATE 11/28/83

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PROPERTY OWNER Henry Monroe Builders, Inc.
65110 Highbridge Road

ADDRESS Bowie, Maryland 20715

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 198 sq. ft. per bedroom. Trench to be 2 ft. wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 5 feet below original grade, with 5 feet of stone below distribution pipe. LOCATION: Place the ditch between perc holes (1) & perc holes 3,5. Perc hole 1 is located 130 feet from the back lot line and 60 feet from the right side of the lot as seen when facing the lot from the back lot line. Perc hole 3,5 is located 170 feet from the back lot line and 70 feet from the left sideline as seen when facing the lot from the back lot line. NOTE: The back lot line is the 190.00 feet long lot line on the eastern part of the lot.

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LOG. PERMIT SIGNED
AND RETURNED 2/21/90
Unit #30986 - garage

PLANS APPROVED BY Raymond Hodges DATE 5/03/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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

LOG. PERMIT SIGNED
AND RETURNED 2/1/90
Unit #30997 - family room

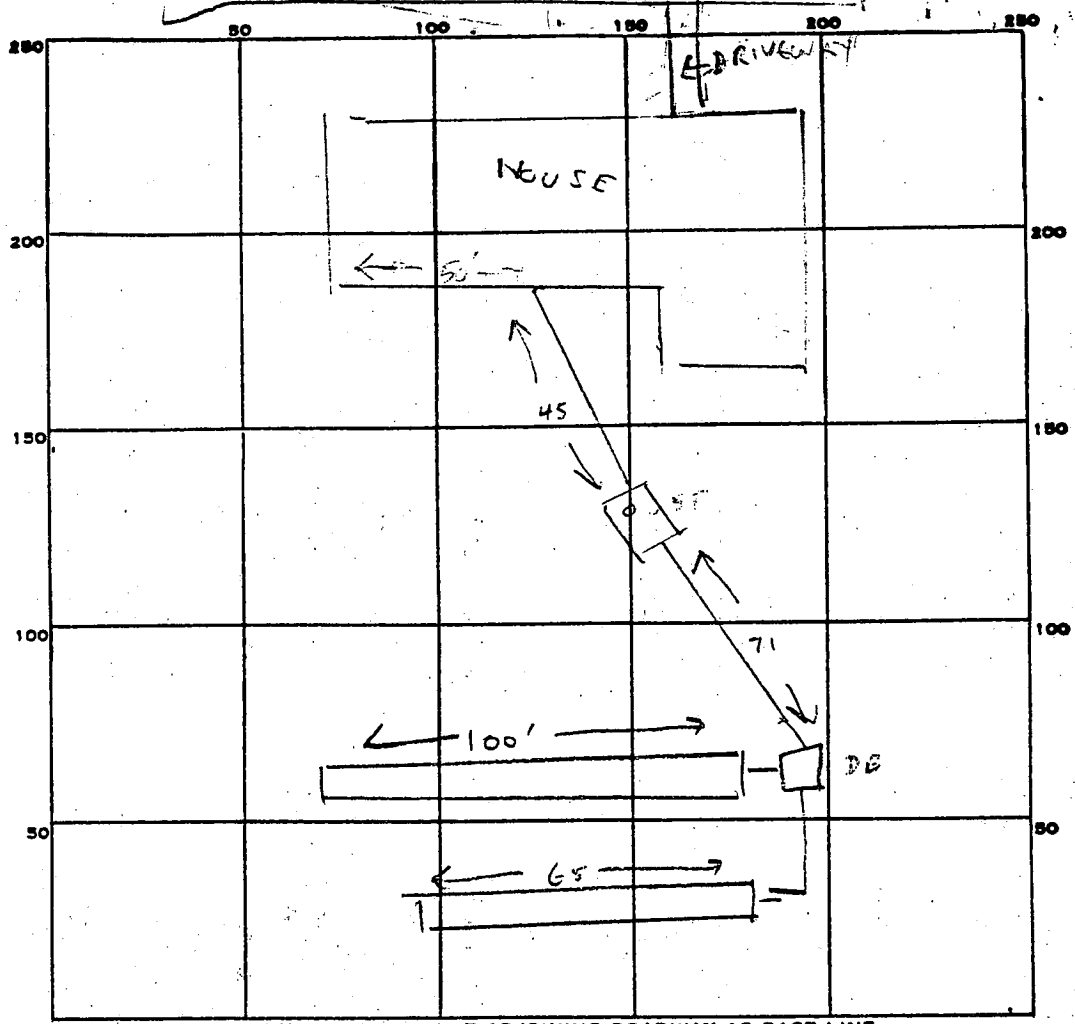
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31691

CLUSTER DRIVE



PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓

CLEANOUTS ST ✓

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 165 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL TOTAL BOTTOM AREA 825

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 825 SQ. FT.

Handwritten calculations:
 $\frac{165}{5} = 33$
 $33 \times 25 = 825$
 $33 \times 25 = 825$
 $33 \times 25 = 825$
 262
 66
 57
 807

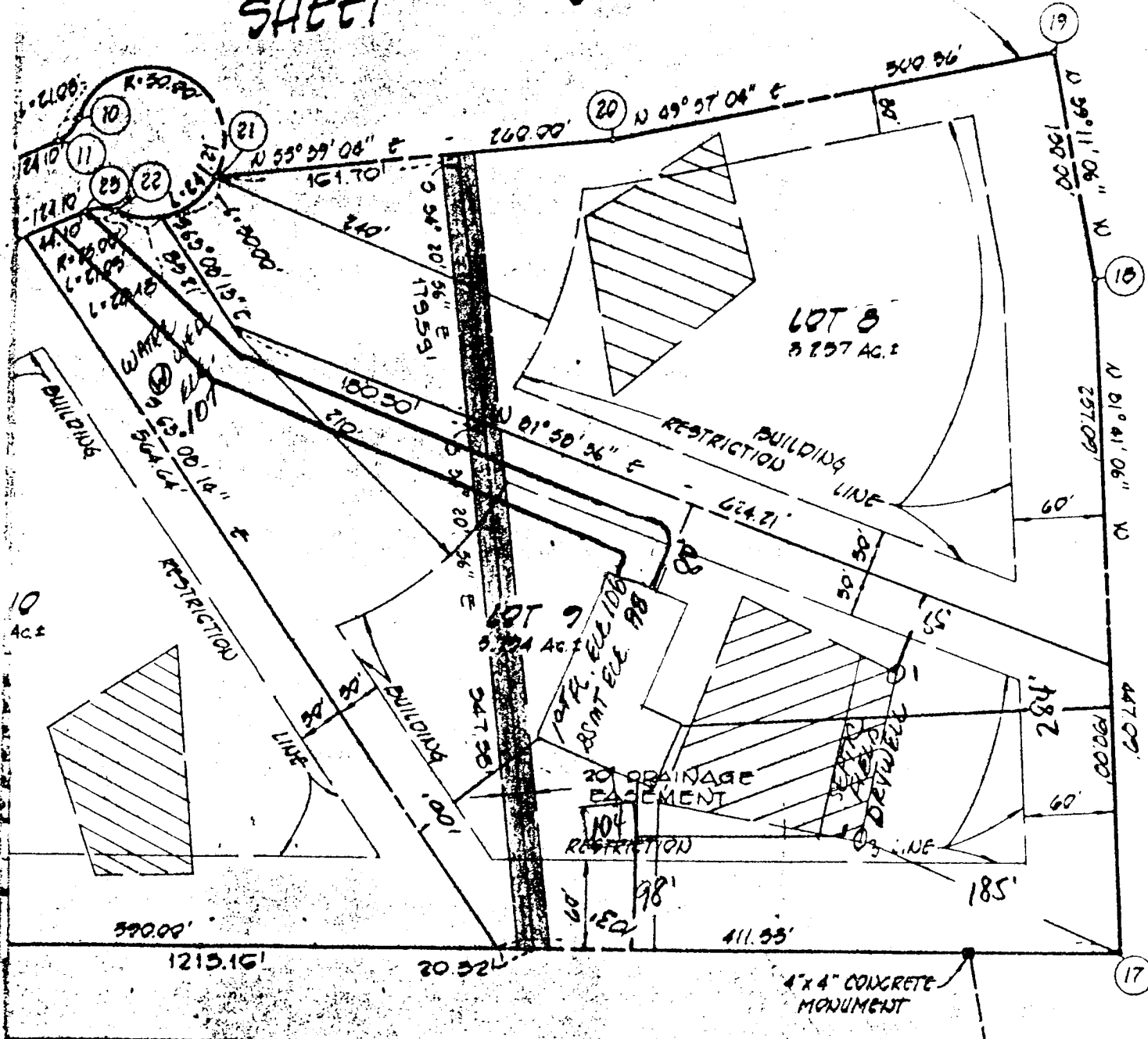
REMARKS

PIPING + TRENCHES OK. ADD GRAVEL 12-19-83 CW

DATE SYSTEM APPROVED 12-19-83

INSPECTOR C. Wilton

SHEET



ORIGINAL
PERC 102
15' FROM HOUSE TO
TANK

INVERT ELE (OUT)
102.

FILED JUN 17 1962

INVERT ELE (INT)

SEPTIC TANK 11

INVERT ELE (OUT)

SEPTIC TANK 10

WILLIAM L. KAPLAN
AND PAUL J. DEMMITT
1082/057

DRYWELL INLET
99.

OWNER & DEVELOPER
WILLIAM L. KAPLAN & PAUL J.
9966 ROUTE 99
ELLCOTT CITY, MARYLAND

FISHER, COLLINS & CARTER
CONSULTING ENGINEERS &
LAND SURVEYORS
3308 COURT AVENUE
ELLCOTT CITY, MARYLAND

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN
HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF
PART OF THE LANDS CONVEYED BY PHILIP A. MANGITZ

JOCELYN ACR

AND DESCRIBED HEREON, HEREBY ADOPT
AL PLAT BY THE OFFICE OF PLANNING AND ZONING