

~~8/31/79~~
~~9/4/79~~
9/5/79

Approved
9/5/79 R/H
P 30125
A 24232

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-382440

ELLICOTT CITY

DISTRICT 5th.

DATE 8/29/79

INDEXED

Robert Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS 13938 Highland Rd., Clarksville, Md. 21029 PHONE 596-9394

SUBDIVISION Riverside Estates ROAD 10751 Judy Lane LOT 28, Blcok H

PROPERTY OWNER Stanley Halle Communities

ADDRESS 9332 Annapolis Road, Lanham, Md. 20801

SPECIFICATIONS 4 Bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN FACING LOT FROM

Begin the drainfield at a point 90 ft. from Johns Court and 35 ft. from Judy Lane. The trench will be 3 feet wide, 3 feet deep and contain 1 foot of stone, Space the trenches 10 feet apart center to center and follow the contour of the land. There will be 120 sq. ft. of bottom area per bedroom in the trenches. No trench will exceed 100 ft. in length.

PLANS APPROVED BY Robert Moorefield DATE July 21, 1977

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

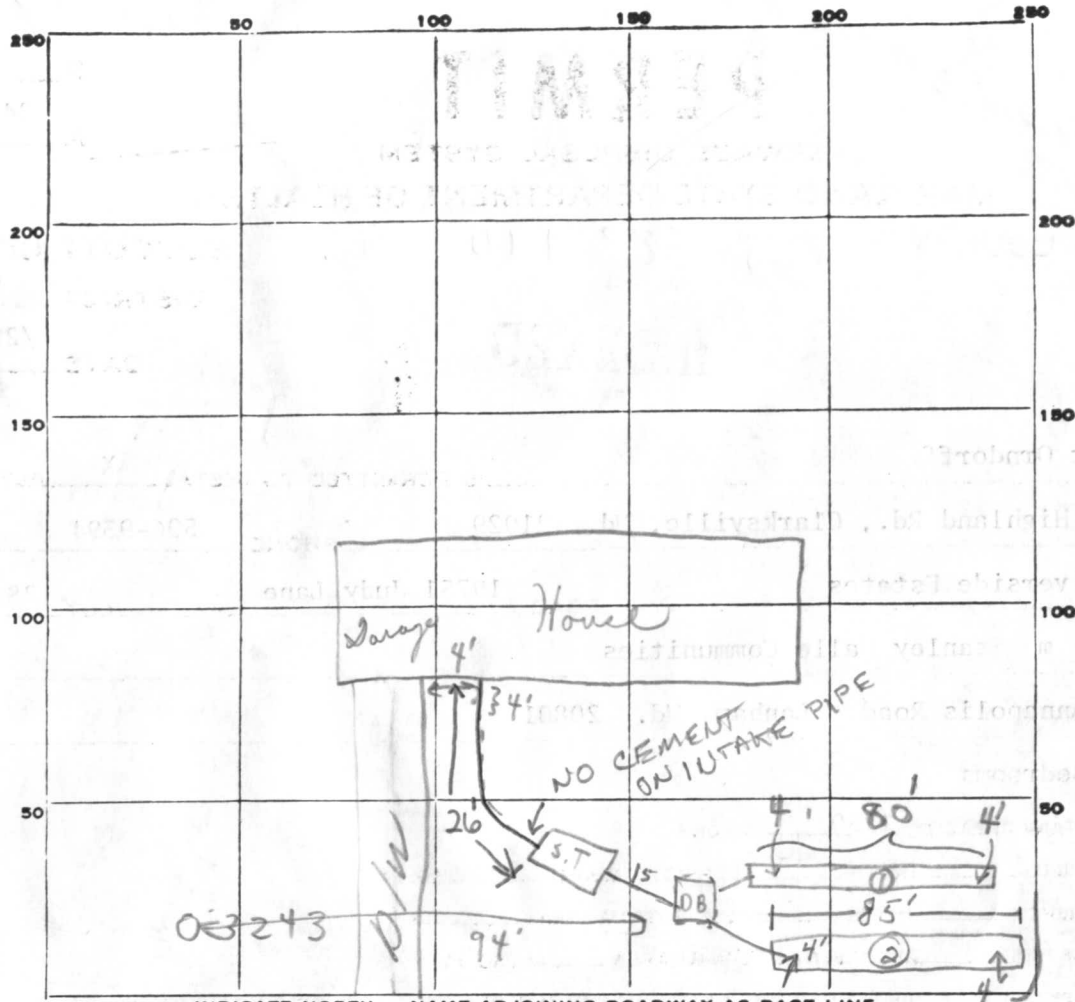
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

BLDG. PERMIT SIGNED AND RETURNED 4/30/79 Serial # 39335-SFD

BLDG. PERMIT SIGNED AND RETURNED 3/17/82 Serial # 48915 P.M.

24232



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓ Judy Ka. S.T. 1 D.W.

SEPTIC TANK, LEVEL ok CLEANOUTS No | N/A

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH ① 4 FT. TRENCH WIDTH 3'± FT.

GRAVEL DEPTH 1 IN. TOTAL LENGTH ① 80 FT. ② 85 495

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 495

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

ABSORBENT AREA _____ SQ. FT. 80
85
165
3
495

REMARKS 8/31/79 Trench ① ok for stone.

9/4/79 OK TO BACK FILL TRENCH #1 OK TO ADD GRAVEL TO TRENCH #2 GRAVEL 2 SHOULD BE 2' BELOW FINISHED GRADE. P.M. & F.F.

9/5/79 STONE ADDED TO RITCH 2. PIPE CEMENTED R17

DATE SYSTEM APPROVED 9/5/79 INSPECTOR Raymond Hodger

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI
IN 30 DAYS AFTER WELL COMPLET

C 1 6253
SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED
IN COLUMNS 2-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED May 7 1979
DEPTH OF WELL 145 (TO NEAREST FOOT) 22 _____ 26
PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3243
28 29 30 31 32 33 34 35 36 37
DRILLERS IDENTIFICATION NO. 338

OWNER Halle LAST NAME Stanley FIRST NAME
STREET OR RFD 9992 POST OFFICE ...

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	
Sand	0	33	
Gray mica sh.	33	145	

WELL DESCRIPTION
GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y YES N NO
TYPE OF GROUTING MATERIAL (CIRCLE BOX):
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 9 NO. OF POUNDS 446
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 32 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD
CIRcling INSERT APPROPRIATE CODE BELOW: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER
MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)
DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD
CIRcling INSERT APPROPRIATE CODE BELOW: ST STEEL, BR BRASS OR BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

DEPTH (NEAREST WHOLE FOOT)
FROM _____ TO _____
EACH SCREEN
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____
GRAVEL PACK _____
IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR) 3
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10
METHOD USED TO MEASURE PUMPING RATE ...

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 40 (NEAREST FOOT)
WHEN PUMPING 5 (NEAREST FOOT)
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
A AIR P PISTON T TURBINE
C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
J JET S SUBMERSIBLE

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 YES N NO
CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

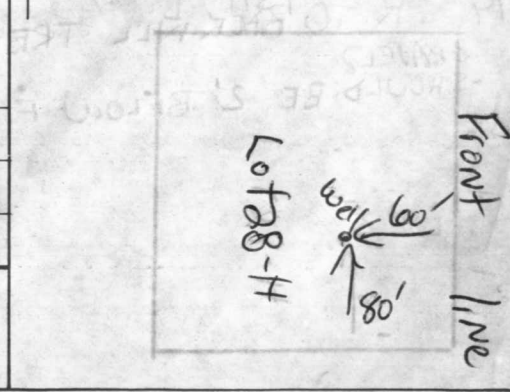
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
+ ABOVE } LAND SURFACE (NEAREST FOOT)
- BELOW } 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES
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 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 _____
(PLEASE PRINT) Joseph L. Mayne
SIGNATURE Joseph L. Mayne

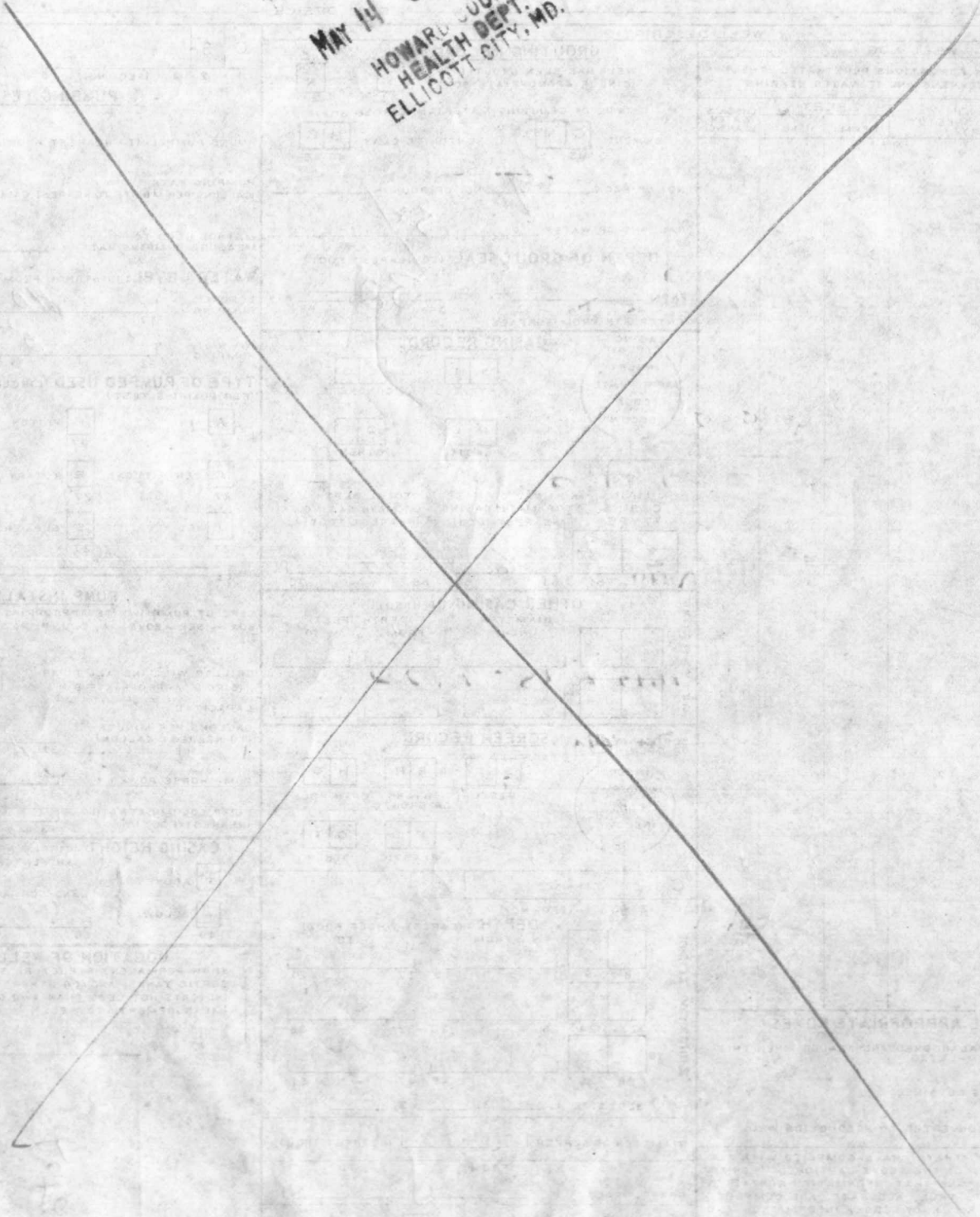


STATE OF MARYLAND
WATERBURY
TAMES STAFF OF DRUGS, ANALYSIS & MED. STAFF
WELL TOWN REPORT

RECEIVED

MAY 14 9 29 AM '79

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.



APPLICATION

A 24232

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE April 27, 1976

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 Residential Developers Inc.

% William Miller

ADDRESS P. O. Box 700, Seabrook, Maryland 20801 PHONE 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 1 Block "D"

ROAD AND DESCRIPTION directions From Ellicott City South on Rt 29 Approximately 1000 feet South of Rt 32 to Vista Drive; West on Vista Drive to Long View

SIZE OF LOT Approximately one acre TYPE BLDG. 4 Bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE (Single Family Dwelling)

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

L.C. HÖHNE POOLS

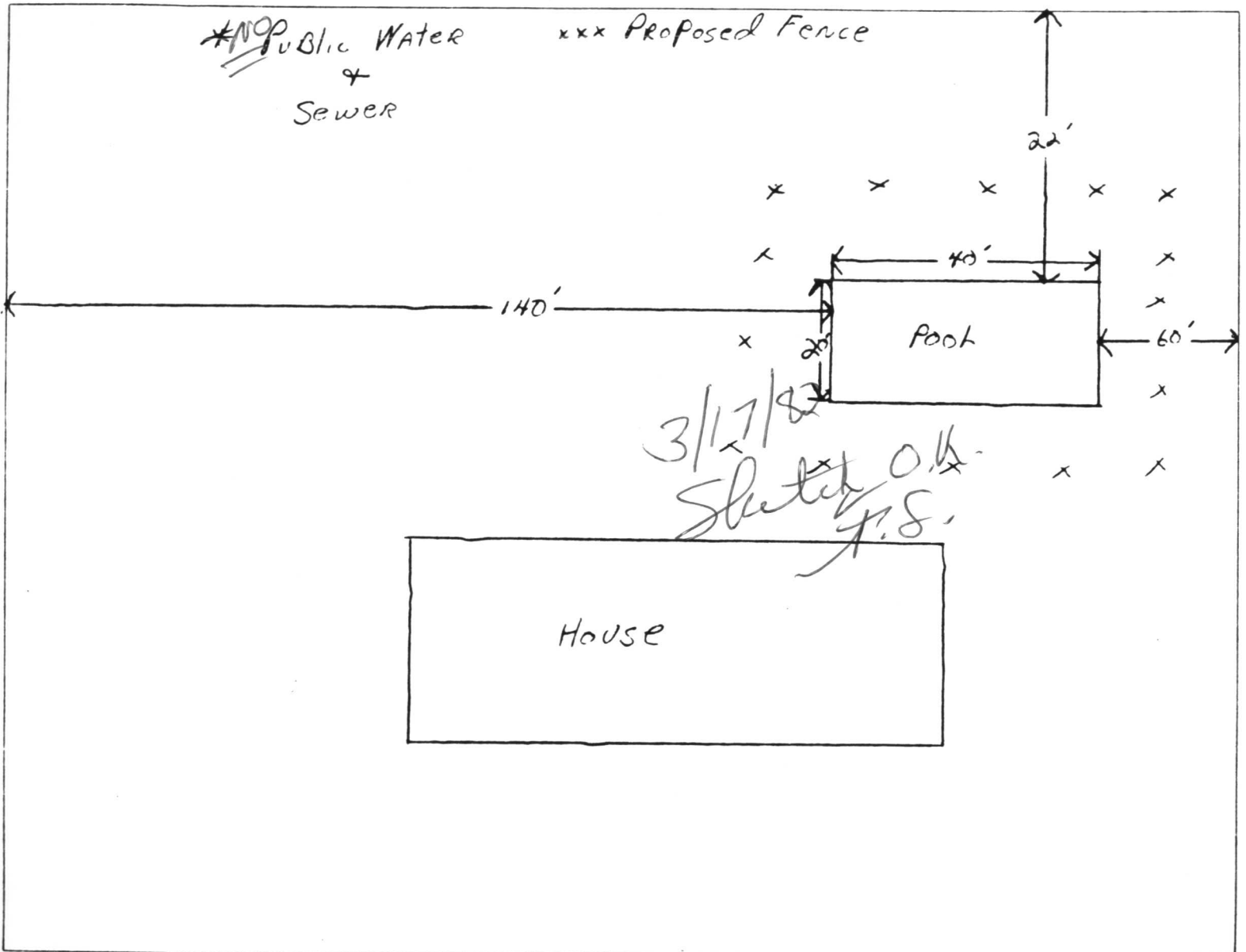
A Full Service Company . . .



Plot Plan

Customer Ralph Berger & Michael Merson 10751 Judy Ln

Sales Representative _____



I _____ agree that the location of the pool, hopper, and filter system are properly located as per this plot plan.

Customer signature _____

Date _____

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

MAR 10 4 07 PM '87

DIVISION OF
ENVIRONMENTAL
HEALTH