

5/17/79  
5/10/79  
5/11/79  
5/18/79  
a.m. please  
a.m.  
if possible

# PERMIT

P 29792

A 24237

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

05-382181

ELLICOTT CITY

DISTRICT 5th

DATE 5/2/79

## INDEXED

Robert Orndorff IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Riverside Estates ROAD 10742 Judy Lane LOT 5, Blk.H

PROPERTY OWNER Stanley Halle Mr. & Mrs. Harold Gord.

ADDRESS \_\_\_\_\_

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 130 SQ. FT. per bedroom - FOLLOW APPROVED PLANS.

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

TRENCHES (TILE FIELD)-to have 1 ft. of stone and be 3 ft. wide and 9 ft. apart center to center and follow contour of ground. Inlet to be 2 ft. and maximum depth 3 ft. Locate 50 ft. from right side line and 135 ft. from front line as seen when facing from the road. Distribution box to be used.

PLANS APPROVED BY Donald W. Monaghan DATE 7/21/77

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.

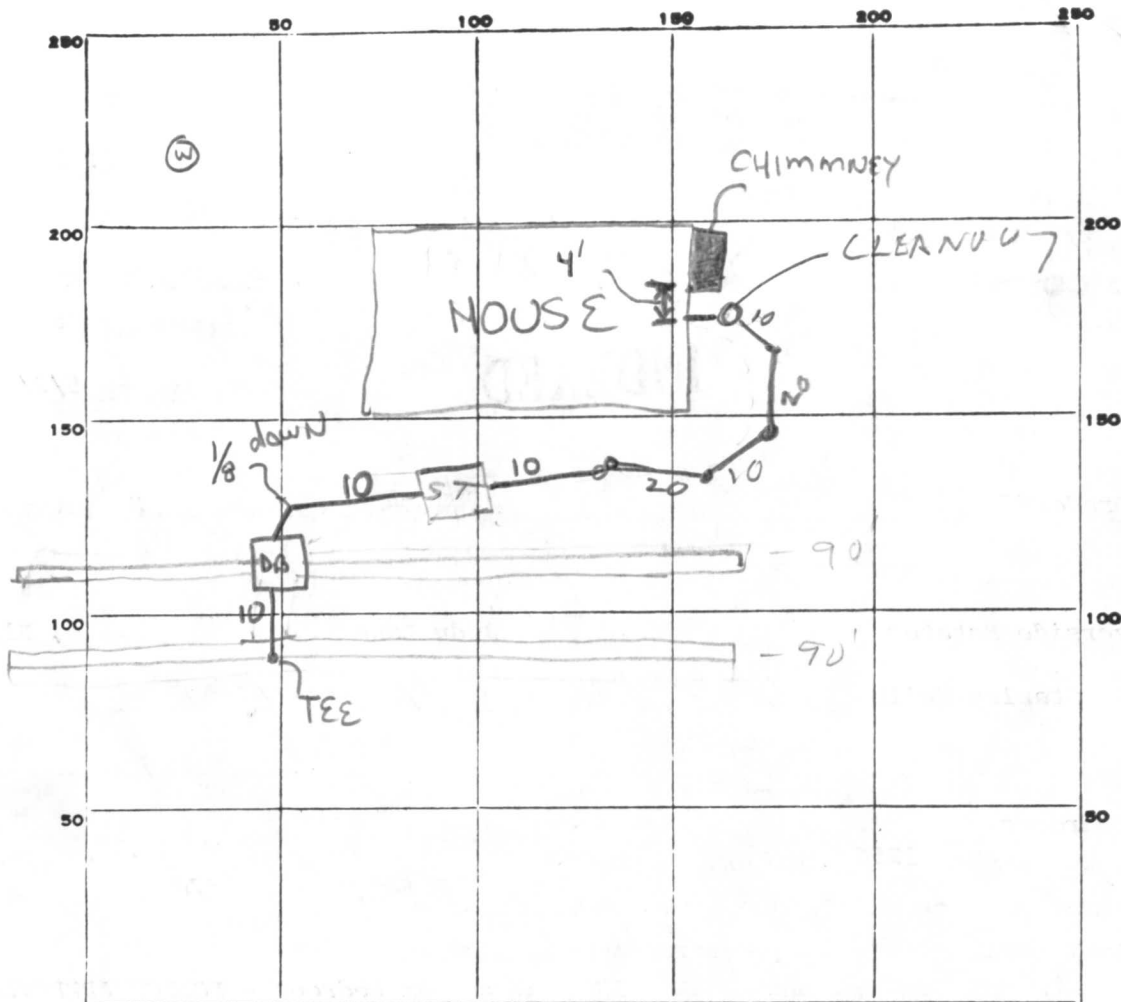
PERMIT VOID AFTER THREE YEARS.

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.

BLDG. PERMIT SIGNED AND RETURNED 10/20/78  
Serial # 37083-SFD

A 24237

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

JUDY LANE

SEPTIC TANK, LEVEL

CLEANOUTS

terracotta

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 3-3 1/2 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1-1 1/2 IN. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA \_\_\_\_\_

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

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 5/10/79 OK to add gravel to trenches. Add  
cleanouts & pipe. 14 MAY 79 - OK to backfill from  
septic tank to trenches only. Call for final when house sewer  
installed being sure to have A CAST IRON C/O TO GRADE AT THE  
BEGINNING OF THE SEWER (NEAR HOUSE). (GLK)

5/18/79 - HOUSE SEWER OK RH

DATE SYSTEM APPROVED 3/18/79

INSPECTOR

Raymond Hodge

# APPLICATION

A 24237

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5 th

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

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 4 Block "C"

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  
(Single Family Dwelling)

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)

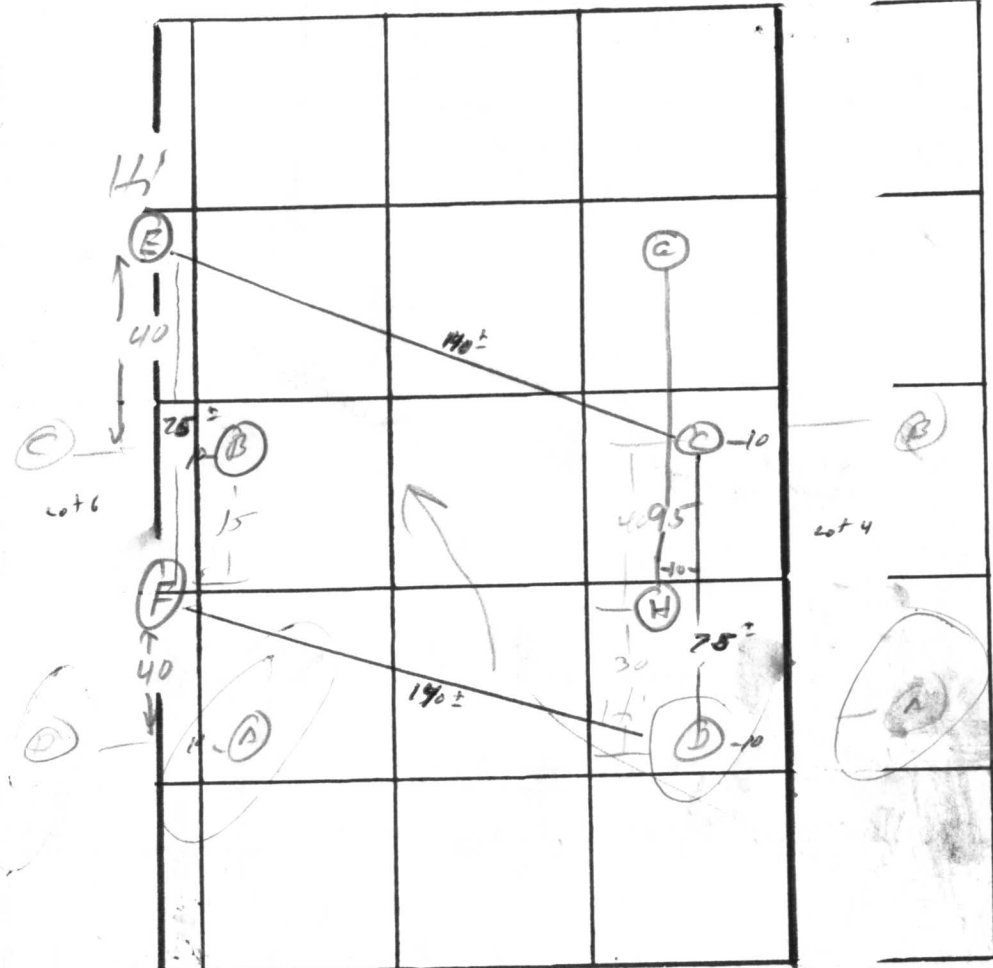
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

*clay*

*Lot 5*



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/11/20	A <sub>1</sub>	3	water @		clay to water		
	A <sub>2</sub>						
	B	3	151	203	203	218	15
	B <sub>1</sub>	12	151	203	202	210	7
	B <sub>2</sub>						
	C	vis 3	ok				
	C <sub>1</sub>	90	1244	1246	1246	1249	3
	C <sub>2</sub>	10	vis	dry			
	D	3	1254	1257	1257	108	3
	D <sub>1</sub>	6	1253	1255	1255	103	7
	D <sub>2</sub>	7	water @	@	7'		
	E <sub>1</sub>	3					15
	E <sub>2</sub>	12 1/2					7
	F	13	vis	dry			

REMARKS hard bottom on C ; (A - clay may pers if needed)

TYPE OF SOIL \_\_\_\_\_

TESTED BY R.M. ALSO PRESENT: \_\_\_\_\_

C 1 2407 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_  
 DATE WELL COMPLETED Sept 1978

8-13 15 20

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER \_\_\_\_\_

OWNER: Mallo LAST NAME 1930 FIRST NAME 1930  
 STREET OR RFD: 9233 POST OFFICE: 1930

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	
<u>Sand</u>	<u>0</u>	<u>30</u>	
<u>gray granite</u>	<u>30</u>	<u>345</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 544  
 GALLONS OF WATER 36

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 26 FT.  
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW:  STEEL  CONCRETE  PLASTIC  OTHER

MAIN CASING TYPE:  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 4 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 28

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW:  STEEL  BRASS OR BRONZE  OPEN HOLE  PLASTIC  OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
<u>140</u>	<u>245</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

SLOT SIZE 1,   2,   3,  

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM   TO  

GRAVEL PACK  

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  68  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE  

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 17 (NEAREST FOOT)  
 WHEN PUMPING 2 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST):  
 AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

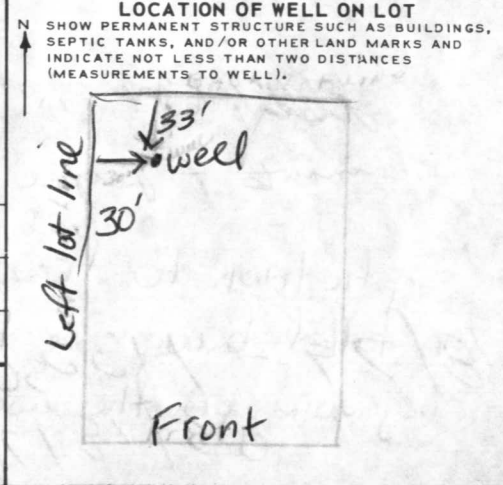
PUMP INSTALLED

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) YES  NO

CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON)    
 PUMP HORSE POWER    
 PUMP COLUMN LENGTH (NEAREST FOOT)  

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



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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: Joseph L. May

(PLEASE PRINT) SIGNATURE: Joseph L. May

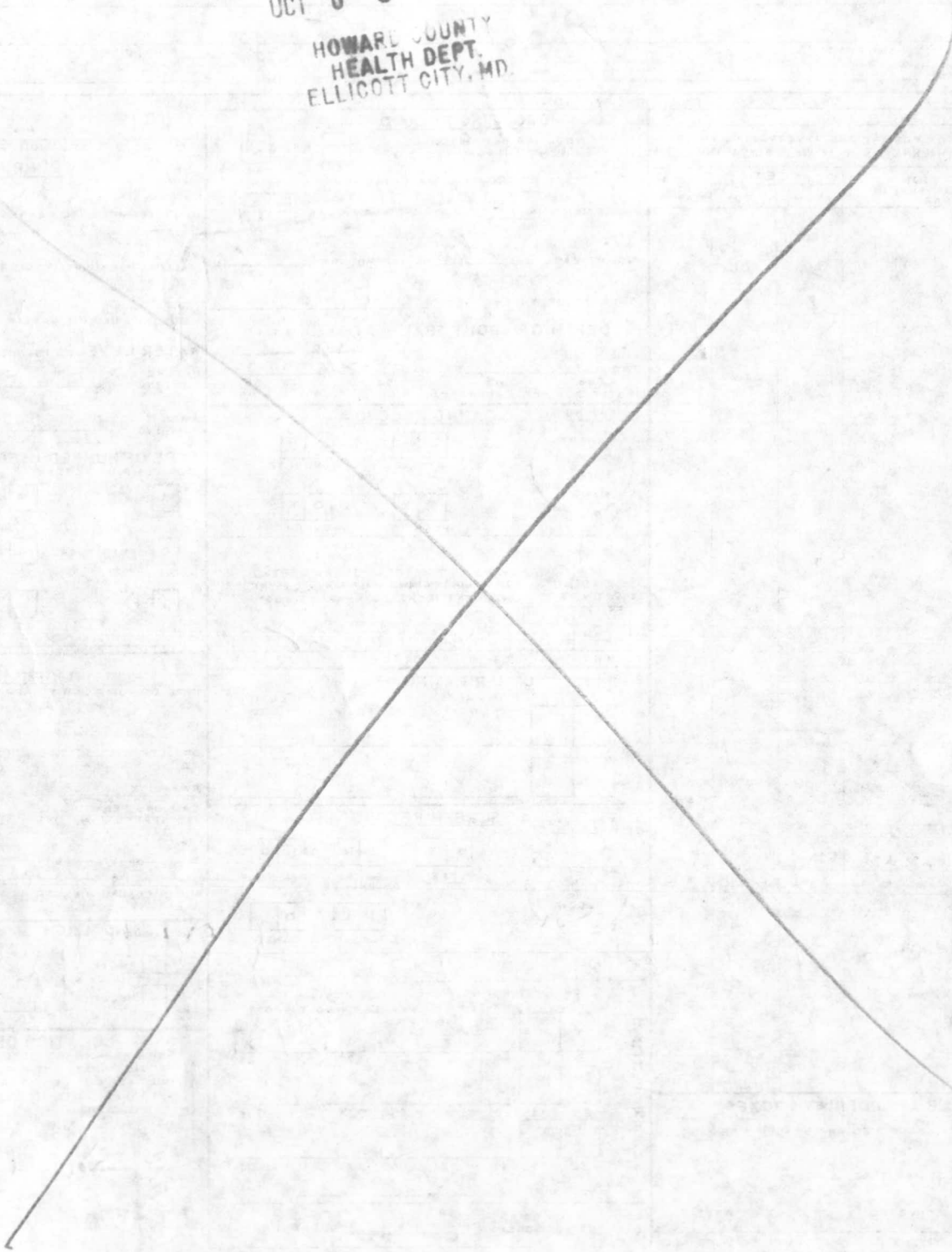
26385

399

RECEIVED

OCT 6 8 57 AM '71

HOWARD COUNTY  
HEALTH DEPT.  
ELLICOTT CITY, MD.





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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

July 24, 1996

MEMORANDUM

TO: Mr. and Mrs. Harold Good  
10742 Judy Lane  
Columbia, MD 21044

FROM: Mark Rifkin, R.S. *MR*  
Water and Sewerage Program

RE: Emergency Inclusion In Metropolitan District  
10742 Judy Lane

This is to advise that the Howard County Health Department recommends approval of the request to grant emergency inclusion of the above referenced property in the Metropolitan District.

A site inspection conducted July 19, 1996 revealed significant problems with sediment in the water supply, which would be attributed to collapse of the rock formations in the well. Symptoms such as weekly sediment filter replacement, repeated repairs to raise the pump and significant quantities of air in house plumbing lines confirm this condition. It is not likely that this situation could be corrected without drilling a replacement well. Therefore, emergency inclusion of this property in the Metropolitan District is recommended.

MR

REGION \_\_\_\_\_ AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER  OCCUPANT  ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

COMPLAINANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CODES \_\_\_\_\_

RECEIVED BY Jane [Signature] DATE 7/11/96 ASSIGNED TO EMERG. DATE \_\_\_\_\_

DATE OF INVESTIGATION \_\_\_\_\_ TIME \_\_\_\_\_ WEATHER \_\_\_\_\_

REPORT Contact Marty Brauman with the decision - 796-25-15-

7/12/96 T/C w/owner = ADVISED<sup>HER</sup> TO CONFIRM DISTRICT STATUS, EMERG. INCLUSION PROCEDURES w/COUNTY, ADVISED HER TO GET H<sub>2</sub>O SAMPLED (GAVE HER LAB INFO) AND SUGGESTED SHE TEST FOR BACT & SAND; ALSO DISCUSSED NATURE OF H.D. SUPPORT OF EMERG. DISTRICT INCLUSION (WHAT IS/IS NOT "EMERGENCY") & NATURE OF COLLAPSING WELLS; SHE WILL CONSULT w/COUNTY, HAVE H<sub>2</sub>O SAMPLED, & RESULTS WILL BE FAXED; I SUGGESTED WE MAY STILL MAKE SITE INSP (MR)

7/19/96 SITE INSP, MET OWNER: HOT H<sub>2</sub>O COMPLETELY OPAQUE (WHITE) w/AIR BUBBLES DUE TO SIG. AMT. OF AIR IN LINES; H<sub>2</sub>O COMPLETELY CLEAR IN 1-2 MIN; NO SLIGHT ODOR OBS'D; COLD H<sub>2</sub>O ALSO OPAQUE, CLEARS IN ABOUT ~1 MIN; NO OBJECTIONABLE TASTE OR ODOR; SOME MICA/SAND SEDIMENT IN TOILET TANKS

DATE SUBMITTED \_\_\_\_\_ SANITARIAN \_\_\_\_\_ (OVER)

ALTHOUGH SAND FILTER IN USE (FOR MANY YEARS, PER OWNER); NO ODOR REPORTED BY ANYONE (RESIDENT, FRIENDS, RELATIVES) OTHER THAN HUSBAND (NOT HOME); OWNER ALSO REPORTS REPEATED H<sub>2</sub>O TANK REPLACEMENT DUE TO SAND COLLECTION; SAND FILTER REPLACED WEEKLY, TURNING FAUCET ON FREQUENTLY ⇒ LARGE AIR PURGES FROM LINES; PUMP PULLED REPEATEDLY AND RAISED TWICE FOR SAND CLOGGING PUMP & COLLAPSE OF HOLE. RECOMMEND SUPPORT OF EMERG. INCLUSION *PCR*

7/19/96  
1:00

SITE INSPECTION SHEET

OWNER: Good

DATE REQUESTED: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

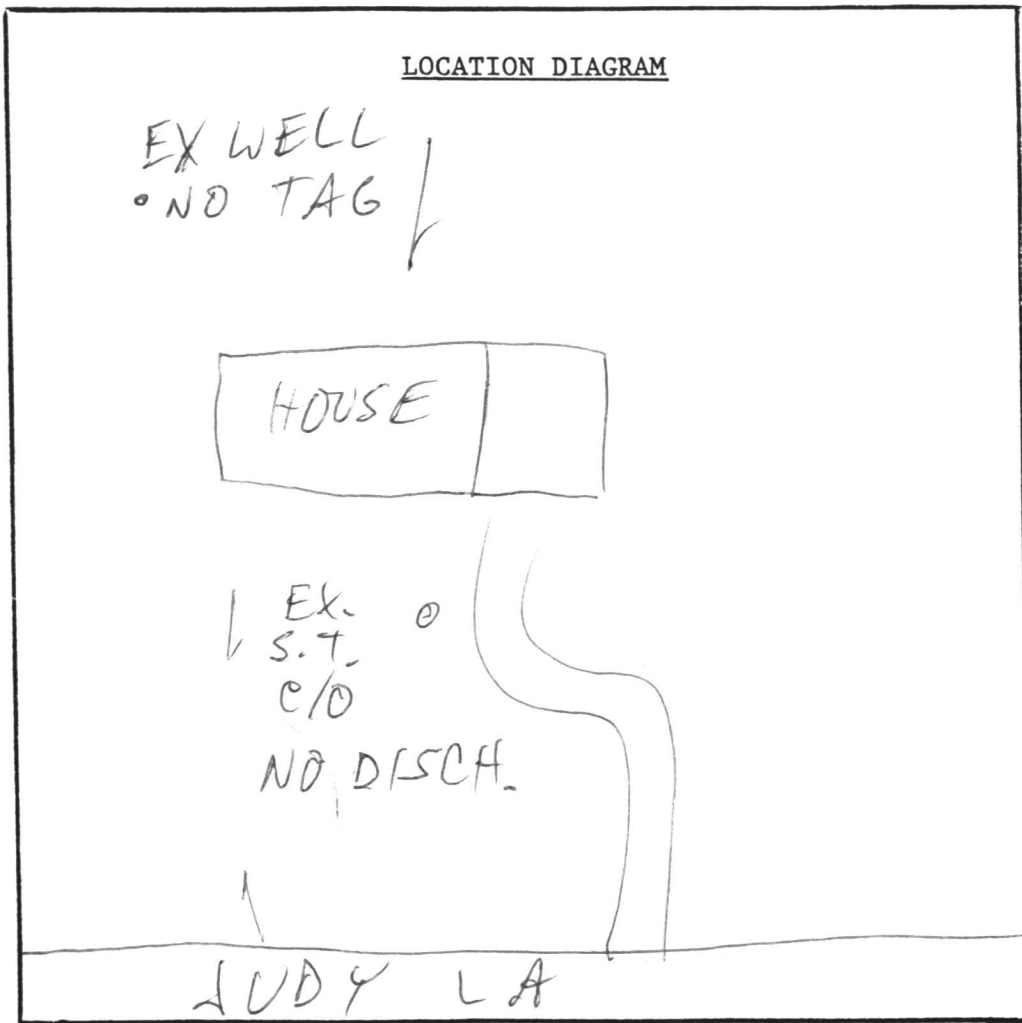
ADDRESS: 10742 Sudy La

WELL TAG #: \_\_\_\_\_

COUNTY #: \_\_\_\_\_

PROPOSAL: H<sub>2</sub>O qual probs request emerg. inclusion in Metro District

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_