

Approved 5/10/79
JG

05-382203

5/27/79
2. m if possible

PERMIT

P 29793

A 24238

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5th

INDEXED

DATE 5/2/79

Robert Orndorff IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Riverside Estates ROAD 1074 Judy Lane LOT 6, Blk.H

PROPERTY OWNER Stanley Halle Communities Mike & Cindy Kelly

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 135 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

TILE FIELD-to have 1 ft. of stone, be 3 ft. wide, 3 ft. deep, and be 9 ft. apart center to center and follow contour of ground. Inlet to be 2 ft. and maximum depth 3 ft. Locate 130 ft. from front lot line and 25 ft. from right side as seen when facing from the front (see approved plan). 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.

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

HD - 23

BLDG. PERMIT SIGNED
AND RETURNED 8/25/94
Serial # 800101947
front porch extended

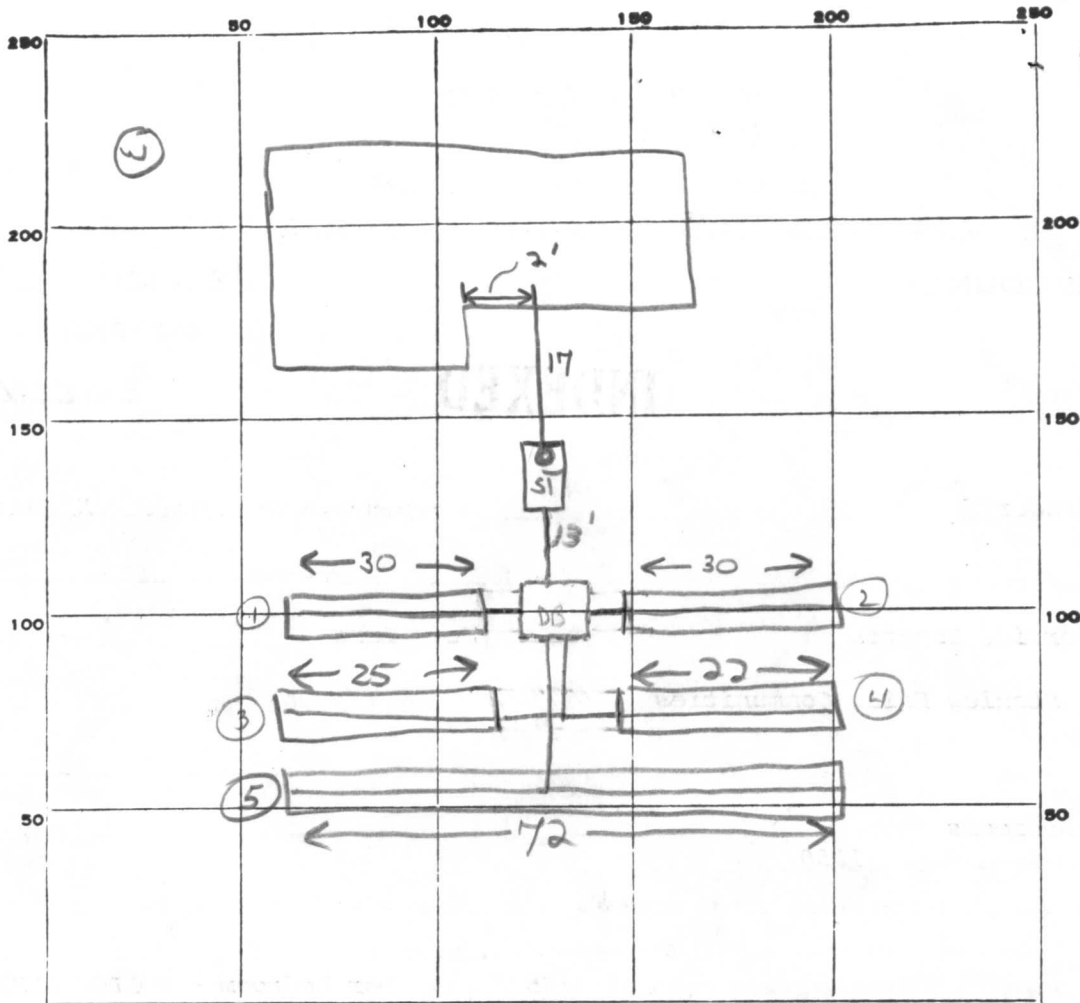
BLDG. PERMIT SIGNED
AND RETURNED 3/21/94
Serial # 53501
1 story addition deck

BLDG. PERMIT SIGNED
AND RETURNED 10/20/78
Serial # 37082

A 24238

60
47
72
179

179
+3
37



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

JUDY LA

→ closet

5/9
PERMIT CARD installer
SEPTIC TANK, LEVEL 1250 tapered CLEANOUTS ST terra cotta
DISTRIBUTION BOX, LEVEL 2x2x1
TILE FIELD, DEPTH 3-3 1/2 FT. TRENCH WIDTH 3 FT.
GRAVEL DEPTH 1-1 1/2 IN. TOTAL LENGTH ± 179 FT.
NUMBER OF TRENCHES 5 TOTAL BOTTOM AREA ± 537
SEEPAGE PITS, INSIDE DIAMETER NA FT. DEPTH BELOW INLET _____ FT.
ABSORBENT AREA _____ SQ. FT.

REMARKS 9 MAY 79 - checked installer's "site plan" - location OK. Call for next inspection when trenches ① + ⑤ is EXCAVATED TO 3' (currently 1 1/2 - 2'). (GLK) 9 MAY 79 - Call for final when: gravel added to drawfields, sewers, cleanout, 3' distribution box installed. (GLK) OK to backfill house sewer 3 ST only. (GLK)

5/10/79 OK to

DATE SYSTEM APPROVED 5/10/79 INSPECTOR J. Stayer

APPLICATION

A 24238

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT 5th

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. 6 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

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)

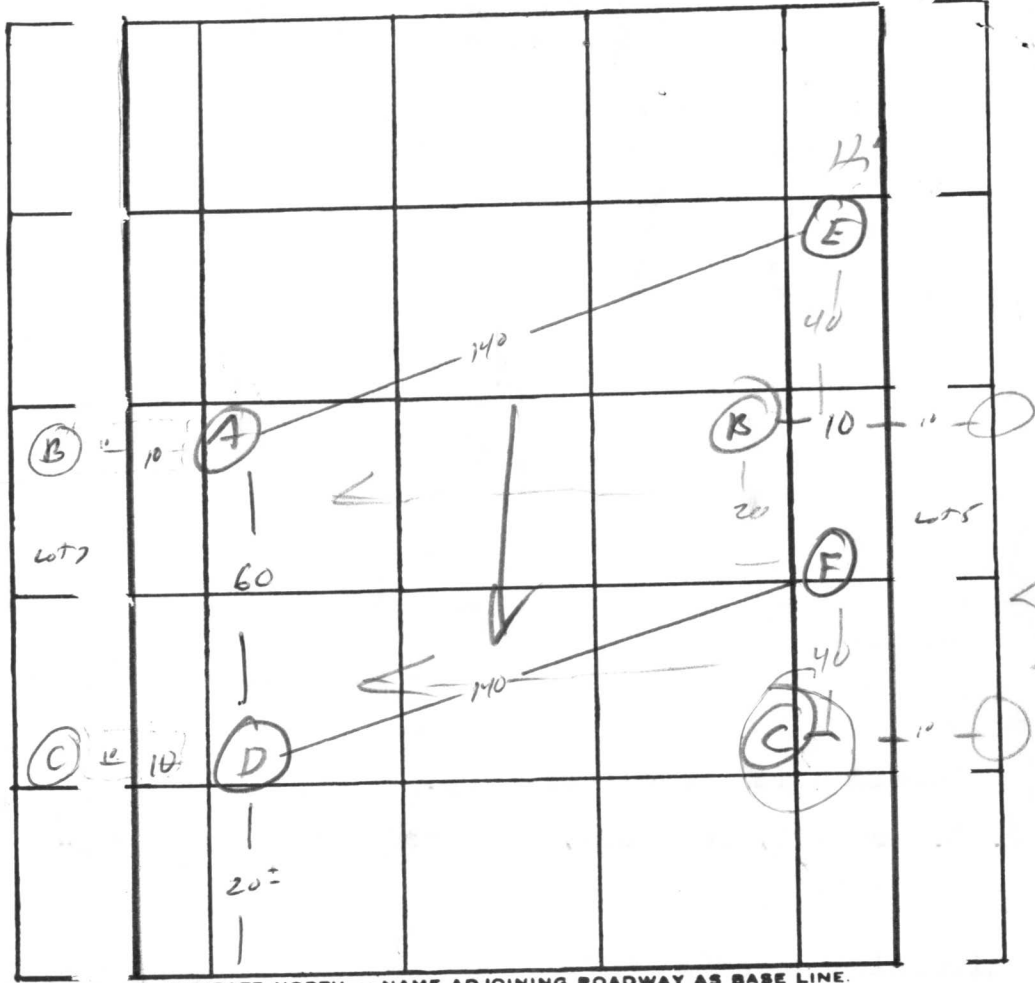
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

③
↓ (sandy) clay



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← RW →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/4/76	A	3					
	A ₁	12					
	A ₂						
	B	3	1:55	2:00	2:00	2:15	15
	B ₁	12	1:52	2:01	2:01	2:06	5
	C	} water @ 10'					
	C ₁						
	C ₂						
	D	3 1/2	12:11	12:12	12:12	12:22	10
	D ₁	12 2	12:12	12:14	12:14	12:17	3
	D ₂						
	E	3	1:30	1:38	1:41	1:59	15
	E ₁	12 1/2	1:30	1:34	1:34	1:41	7
	F	13	vis	dry			

REMARKS _____

TYPE OF SOIL _____

TESTED BY R B; R M ALSO PRESENT: Barth

B 1 - 6203 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: **40-70-2939**
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 10/2/78
 9:30 a.m.

OWNER
 COL 15 LAST NAME: *Stallan*
 COL 34 FIRST NAME: *Committee*

STREET OR RFD
 COL 36: *5552 Branch Road*
 COL 85: *11/10*

POST OFFICE
 COL 87: *Loose Plains Md 21096*
 COL 76: *30501*

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE: *Aug. 16, 1978* LICENSE NUMBER: *938*
 77 80

FIRST NAME: *Joseph L.* DRILLER LAST NAME: *MAYNE*

SIGNATURE: *Joseph L. Mayne*

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY: *Howard* (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: *Residential Estates* 23 42

SECTION: *11* LOT: *6* 44 46 48 50

NEAREST TOWN: *Atholton* 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): *1 1/2* 73 76 77 78

B 2 **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): *5* 8

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): *750* 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL

TEST

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)

NORTH EAST NE NORTHEAST SE SOUTHEAST

SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: *Branch Road*

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): *23 ft* 34 37 38 39

APPROXIMATE DEPTH OF WELL: *180* 24 28 FEET

APPROXIMATE DIAMETER OF WELL: *1* (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE):

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

29' CASING
2' ABOVE GR.
25' OPEN HOLE
8 - BAGS CEMENT @ 1150 LB.

OK
J. 10/2/78
Judy Lane

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER: *54* ENGINEER REVIEW DISTRICT NO.: *65*

FORCE: WRITE INITIALS IN BOX CONDITIONS: A E N S G W Q C L U

BOX NUMBER

E: *850*
 N: *180*

0/5 5/5

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: *Howard* COUNTY NO.: *W28712*

DATE: *3 2 1 7 7 2* MO. DAY YR.

APPROVED BY: *Donald W. Monahan* Sanitarian

ELEVATION AT WELL HEAD (FEET): *65* 57 58 59 60 61 62 63 65 66 67 68

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: *Howard* COUNTY NO.: *W28712*

DATE: *3 2 1 7 7 2* MO. DAY YR.

APPROVED BY: *Donald W. Monahan* Sanitarian

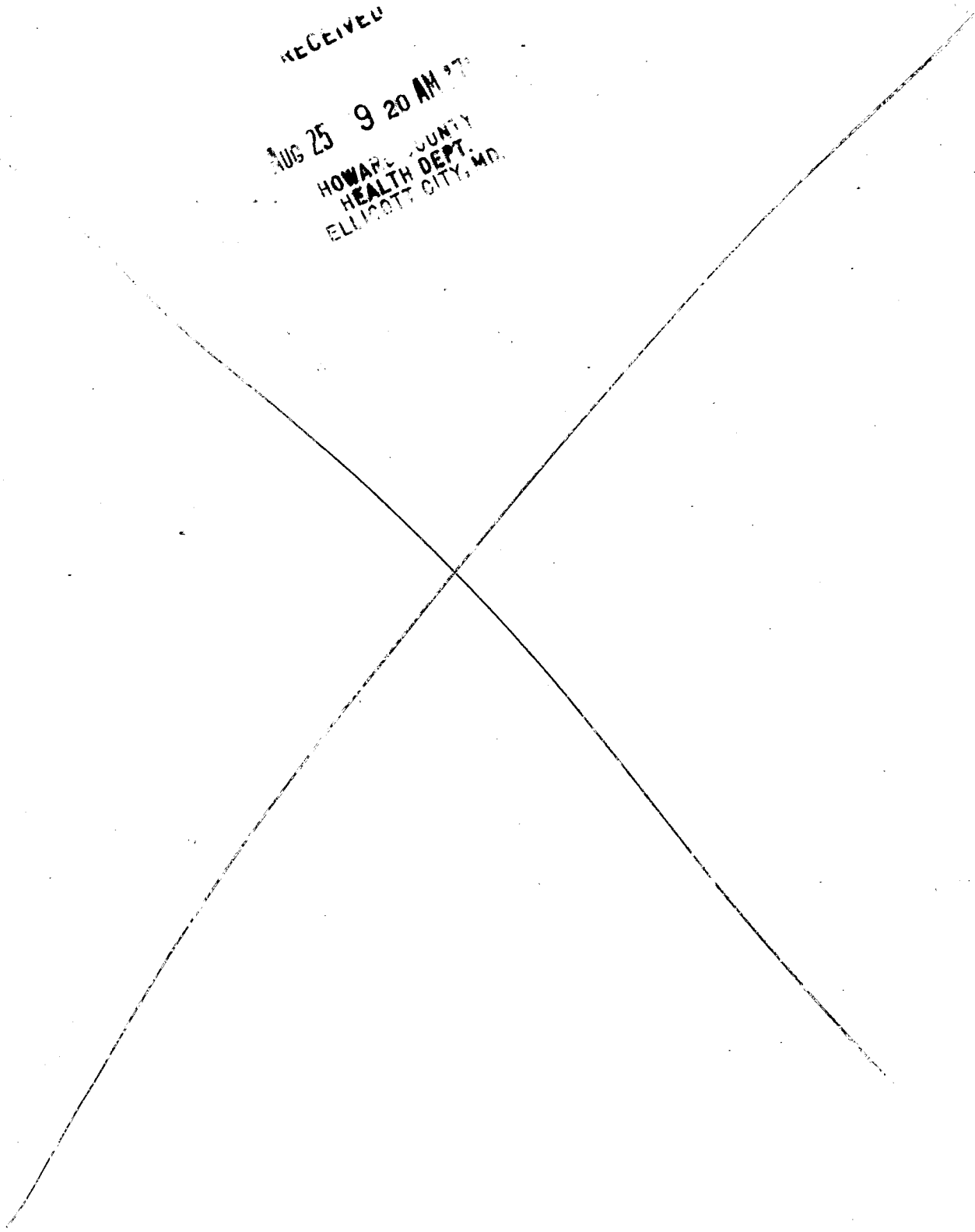
B 5 SPECIAL CONDITIONS 8-89 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

RECEIVED

AUG 25 9 20 AM '73

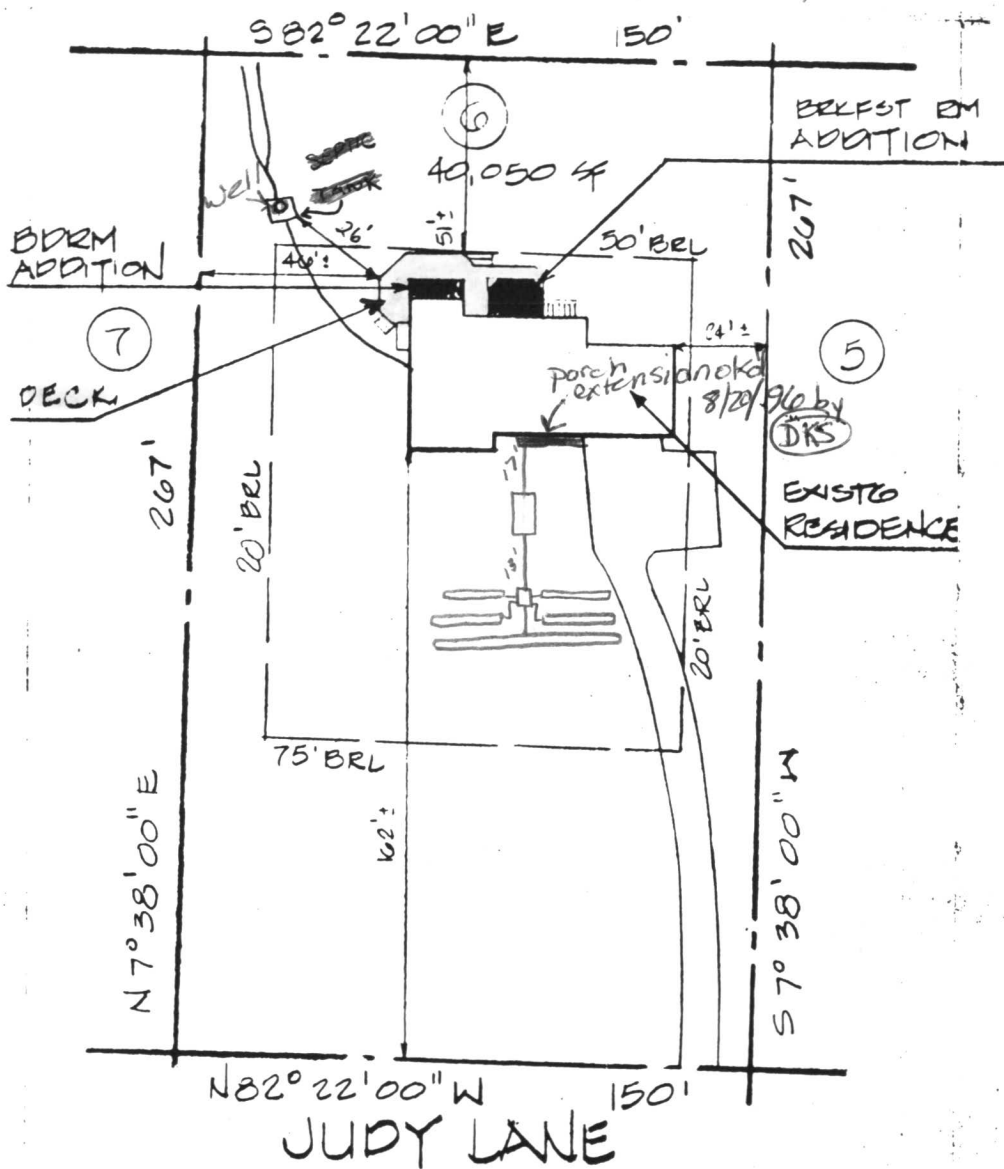
HOWARD COUNTY
HEALTH DEPT.
ELLIOTT CITY, MD.



PAM RM ELG/ BOMT
DOVE - SEE 1ST FLR

CRAWL SP JSTS/ AREA-
WAY CLG

3/21/94 Proposed addition
has no impact to
existing well or
septic system. DKS



STARCOM
8835 M COLUMBIA

MICHAEL & CINDY KELLY
COLUMBIA, MARYLAND 21044
10740 JUDY LANE

SITE NOTES
10740 JUDY LANE
LOT 6 BLOCK H
RIVERSIDE ESTATES
SECTION 4
HOWARD CO., MD

SURVEYED BY
TDL, LIMITED
16220 FREDERICK AVE
GATHERSBURG, MD
20677
(301) 840-9747

SITE PLAN
1" = 50'



REVISED 2-8-94

931205	ADDITIONS & ALTERATIONS FOR
1	SHEET
1-20-94	1993

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

94 MAR 16 PM 1:37