

Approved
(GK)
14 MAY 79

5/10/79
or 5/11/79
5/14/79 please
a.m.

P 29794
A 24239

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 5/2/79

Robert Orndorff IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Riverside Estates ROAD Judy Lane LOT 7, Blk.H

PROPERTY OWNER Stanley Halle Communities

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

TILEFIELD-to have 1 ft. of stone, be 3 ft. wide, 3 ft. deep, b3 9 ft. apart center to center and follow contour of ground. Inlet to be 2 ft. and maximum depth 3 ft. Locate 120 ft. from front of lot and 30 ft. from right side as seen when facing from the front.

Distribution box to be used.

PLANS APPROVED BY Donald W. Monaghan DATE 5/21/77

COVER NO WORK UNTIL INSPECTED AND APPROVED.

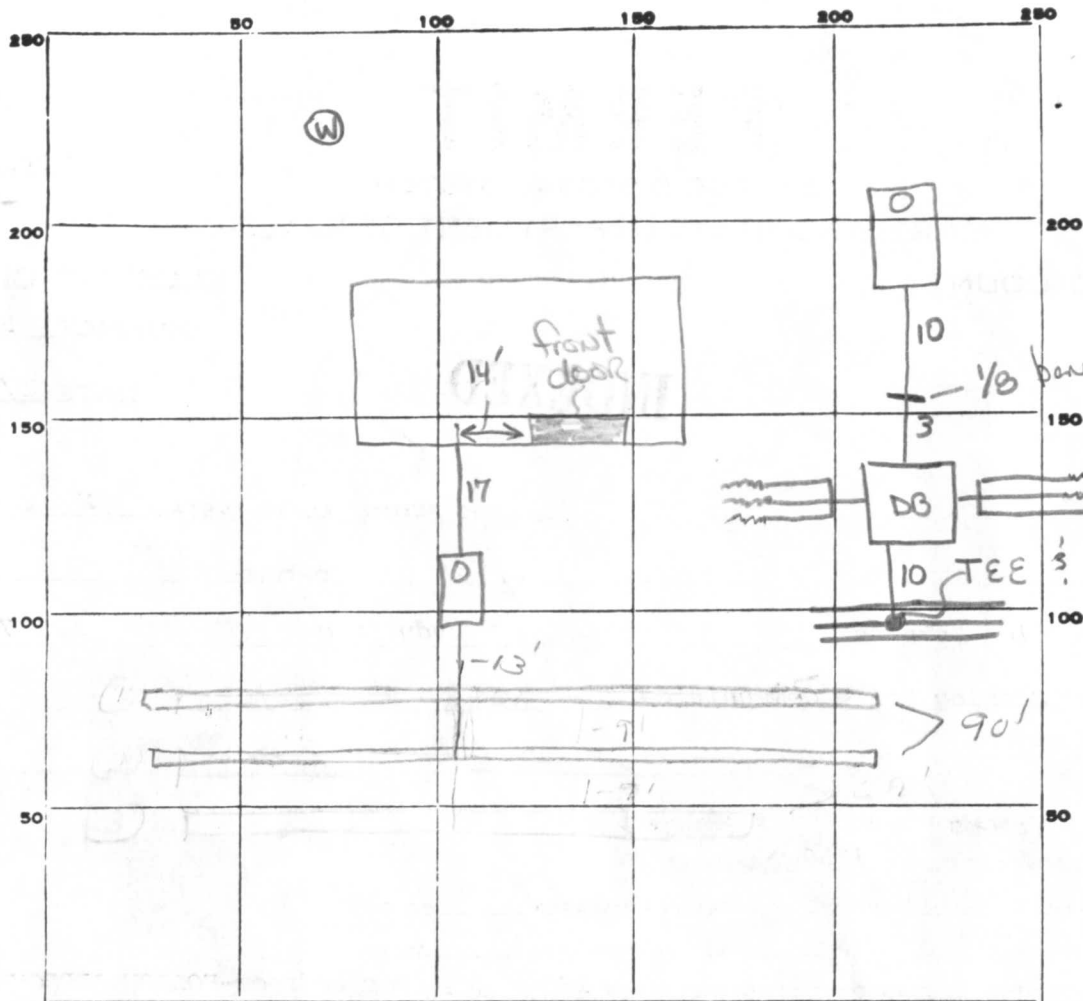
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

- 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 12/20/78
Serial # 37081-SFD

A 24239

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

JUDY LA

PERMIT CARD

SEPTIC TANK, LEVEL 1250 Tapped

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 180 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 540

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 9 MAY 79 - OK to backfill septic tank's house sewer only.
to call when trenches excavated. (GLK) 5/10/79 OK to add gravel,
dist. box + pipe - call for
14 MAY 79 - FINAL OK. (GLK)

DATE SYSTEM APPROVED 14 MAY 79

INSPECTOR (GLK)

APPLICATION

A 24239

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. 7 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
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 _____

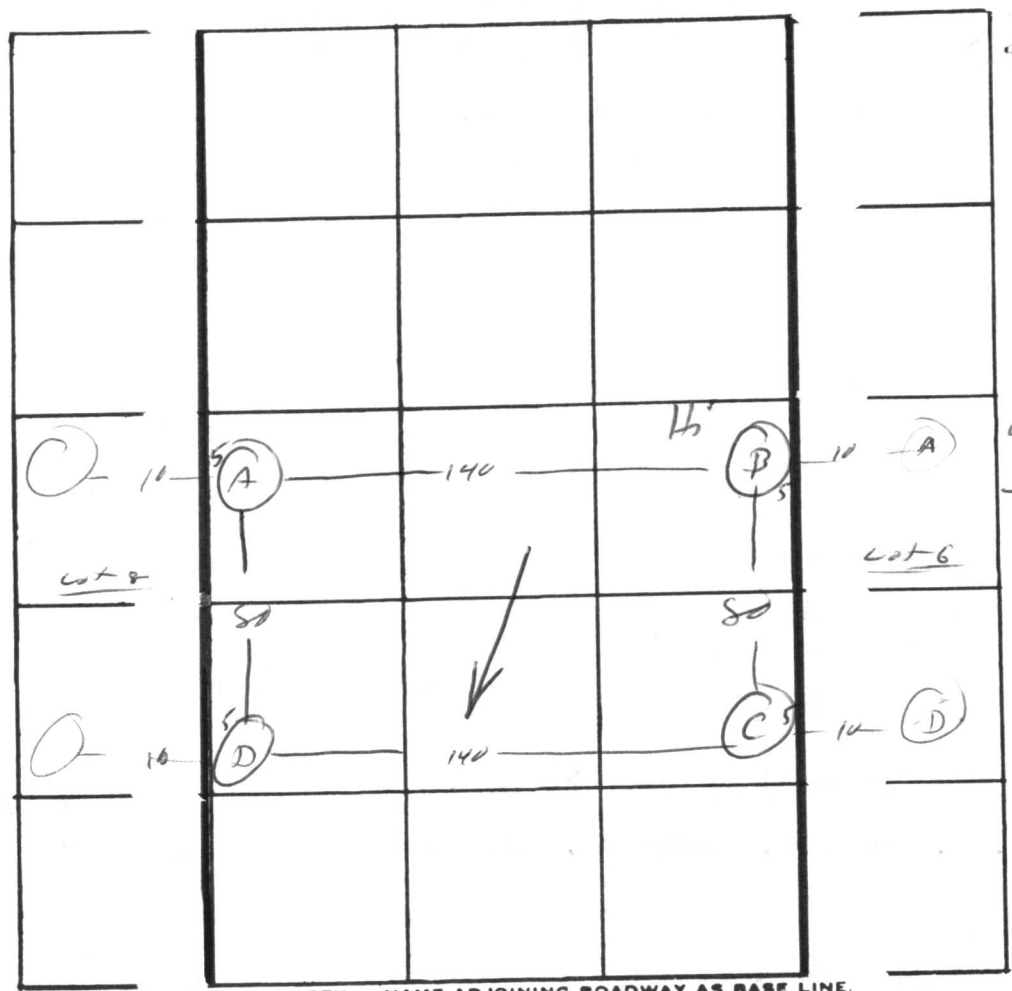
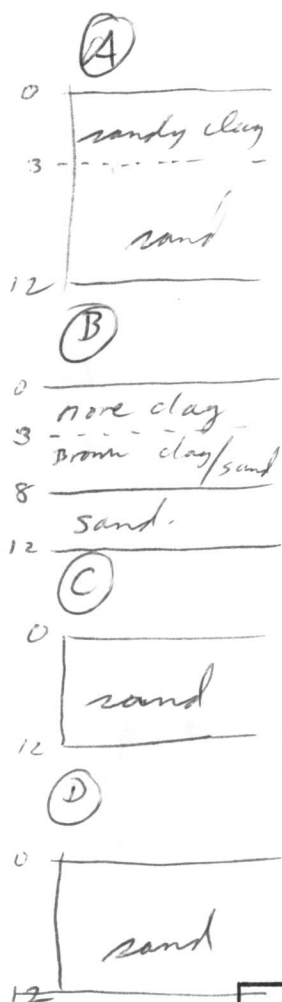
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/14/74	A	12	12 42	12 44	12 44	12 46	2
	A ₁	3		12 48	12 48	3 10	22
	A ₂						
	B	3	12 15	12 12	12 12	12 18	2
	B ₁	12	12 14	12 17	12 12	12 21	4
	B ₂						
	C	3	12 12	12 12	12 15	12 28	10
	C ₁	12 1/2	12 13	12 14	12 14	12 17	3
	C ₂						
	D	3	12:37	12:40	12:40	12:42	2
	D ₁	12	12:36	12:39	12:39	12:41	2
	D ₂						

REMARKS _____

TYPE OF SOIL _____

TESTED BY R M; R B ALSO PRESENT: Booth

SEQUENCE NO. (WRA USE ONLY)
2406

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)
Sept 1978

DATE WELL COMPLETED
 18 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

PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-73-2940
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **338**

OWNER **Halk** LAST NAME **Stanley** FIRST NAME

STREET OR RFD **9332** 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	42	
Gray granite	42	85	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

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

NO. OF BAGS **10** NO. OF POUNDS **740**

GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **41** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE **7** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **46**

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

SCREEN

1 2 3 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT) FROM TO

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOTSIZE 1, 2, 3,

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68**

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **6**

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **55** (NEAREST FOOT)
 WHEN PUMPING **5** (NEAREST FOOT)

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

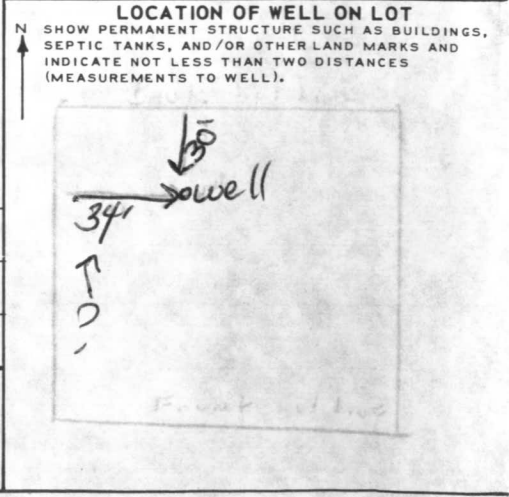
PUMP INSTALLED

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) **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**



CIRCLE APPROPRIATE BOXES

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 **Joseph L. Mayo**

SIGNATURE **Joseph L. Mayo**

OCT 6 8 57 AM '78

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

