

8/30/79
8/31/79

8/31/79 C.B.S.
File
P 30126
A 24240

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-382238

ELLICOTT CITY
DISTRICT 5th.

INDEXED

DATE 8/28/79

Robert Orndorff

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Riverside Estates ROAD 10754 Judy Lane LOT 8 Block H

PROPERTY OWNER Stanley Halle Communities

ADDRESS 9332 Annapolis Rd., 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

Tile Fields - 175 sq. ft. bottom area per bedroom to be installed at a depth of 3 feet below original grade and follow contour of ground and have 1 foot of stone. Begin tile field at point 120 ft. from front lot line and 20 ft. from right sideline as seen when facing from the front.

Robert Moorefield

July 21, 1977

PLANS APPROVED BY _____ DATE _____

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 8/30/79
Serial # 39390-SFD

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

24240

APPLICATION

A 24240

P _____

SEWAGE DISPOSAL TESTING

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 % William Miller 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 8 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 _____

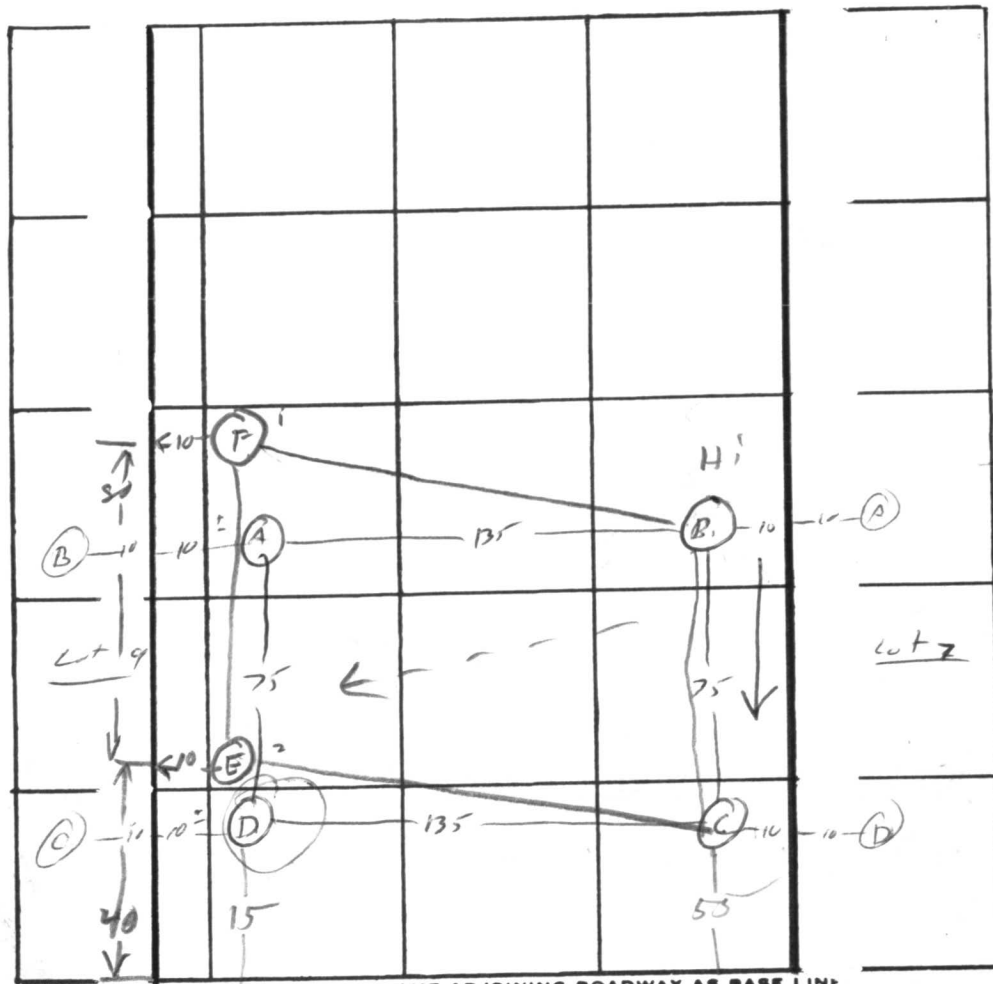
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

← RW →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/12/74	A	3	12:56	12:57	12:57	102	5
	A ₁	12	12:58	12:59	12:59	102	3
	A ₂						
	B	3 ft.	12:42	12:48	12:48	1310	22
	B ₁	12 ft.	12:42	12:44	12:44	12:46	2
	B ₂						
	C	3	12:37	12:40	12:40	12:42	2
	C ₁	12	12:36	12:39	12:39	12:41	2
	C ₂						
	D	3	12:54	12:56	12:56	102	6
	D ₁	9 1/2	12:53	12:55	12:55	100	5
	D ₂	13	water @		12 1/2		
6/3	F	3	11:00	11:03	11:03	11:02	6
		13	11:00	11:02	11:02	11:02	5
	E	3	11:15	11:16	11:16	11:12	3
		13	11:16	11:12	11:12	11:20	3

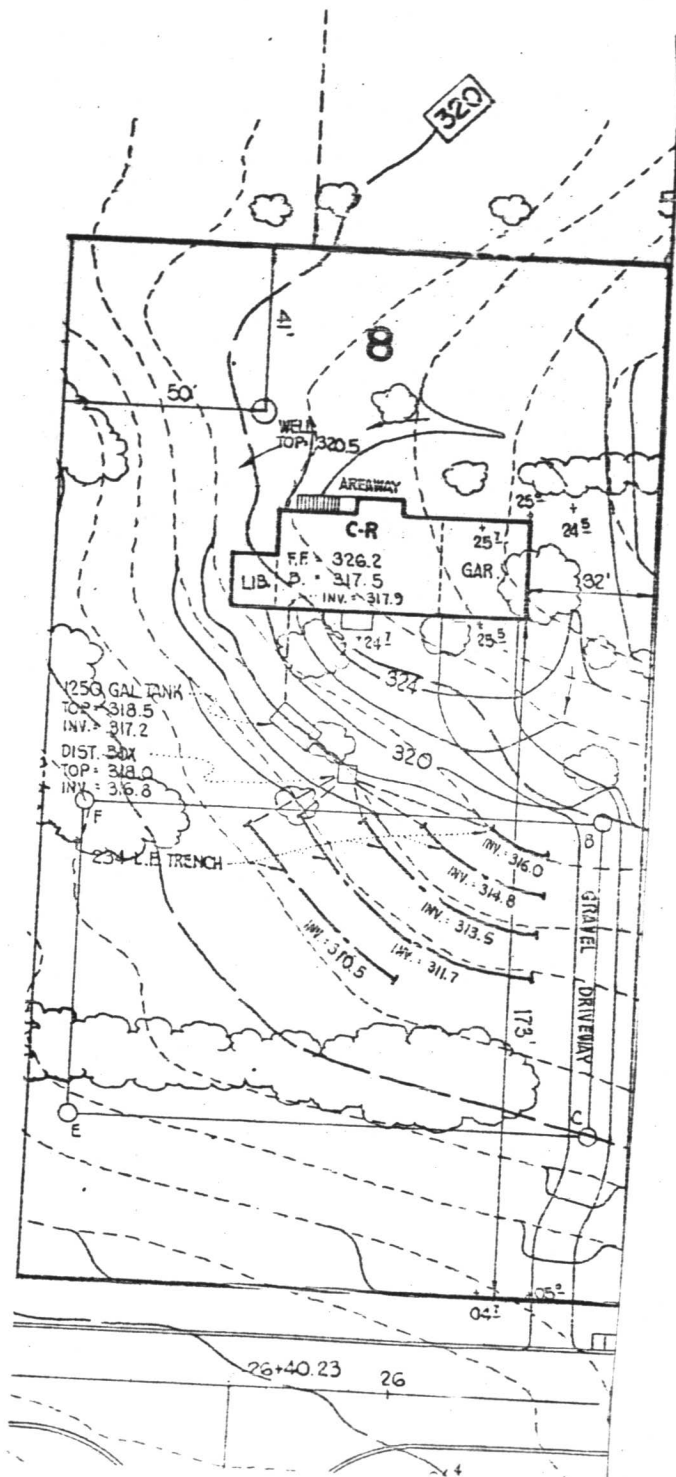
SMALL CLAY LENS AT SHELF

↑ top soil 2 ft
↓ sandy
12

REMARKS _____

TYPE OF SOIL _____

TESTED BY R M, R B ALSO PRESENT Barth



app
 4-25-79
 [Signature]

SEQUENCE NO. (WRA USE ONLY) **6251**

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

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

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED March 2002

DEPTH OF WELL 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3244

DRILLERS IDENTIFICATION NO. 238

OWNER Joseph L. Murray LAST NAME FIRST NAME Joseph L. Murray

STREET OR RFD. 2300 Pennsylvania Ave. NE POST OFFICE Washington, D.C. 20036

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 mudstone</u>	<u>30</u>	<u>325</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT 45 46 45 46

NO. OF BAGS 10 NO. OF POUNDS _____

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 38 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)

DIA	DEPTH	DIA	DEPTH
(INCH)	(FEET)	(INCH)	(FEET)

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
<u>1</u>	<u>325</u>
<u>8</u>	<u>11</u>
<u>15</u>	<u>17</u>
<u>23</u>	<u>24</u>
<u>26</u>	<u>30</u>
<u>30</u>	<u>32</u>
<u>38</u>	<u>39</u>
<u>41</u>	<u>45</u>
<u>45</u>	<u>47</u>
<u>51</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) (E.R.O.S.)

T 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 60 (NEAREST FOOT)

WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMP 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) 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) 2

BELOW } _____

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).

40'
45'
10'
10'

Back Lot Line

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. Murray

SIGNATURE _____

RECEIVED

MAY 14 9 29 AM '76

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

HOWARD COUNTY

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TARRANT OFFICE, 100 W. HANCOCK STREET
FIVE & CARROLLTON REPORT
REPORT NO. 1111

