

9/21/79 App. File

PERMIT

P 30129 C.K.
A 24243

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-382262

ELLICOTT CITY

DISTRICT 5th.

DATE 8/29/79

INDEXED

Robert Orndorff IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Riverside Estates ROAD 10766 Judy Lane LOT 11, Block H

PROPERTY OWNER Stanley Halle Communities William C. Swanner

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 22 ft. from the right property line and 175 feet from the front. The trenches will be 3 feet wide, spaced 9 feet apart center to center. Dig the trenches 3 feet deep. The trenches will contain 1 foot of stone. No trench will exceed 100 feet in length and all trenches will follow the contour of the land. There will be 175 sq. ft. of bottom area per bedroom.

PLANS APPROVED BY Robert T. Moorefield DATE July 21, 1977

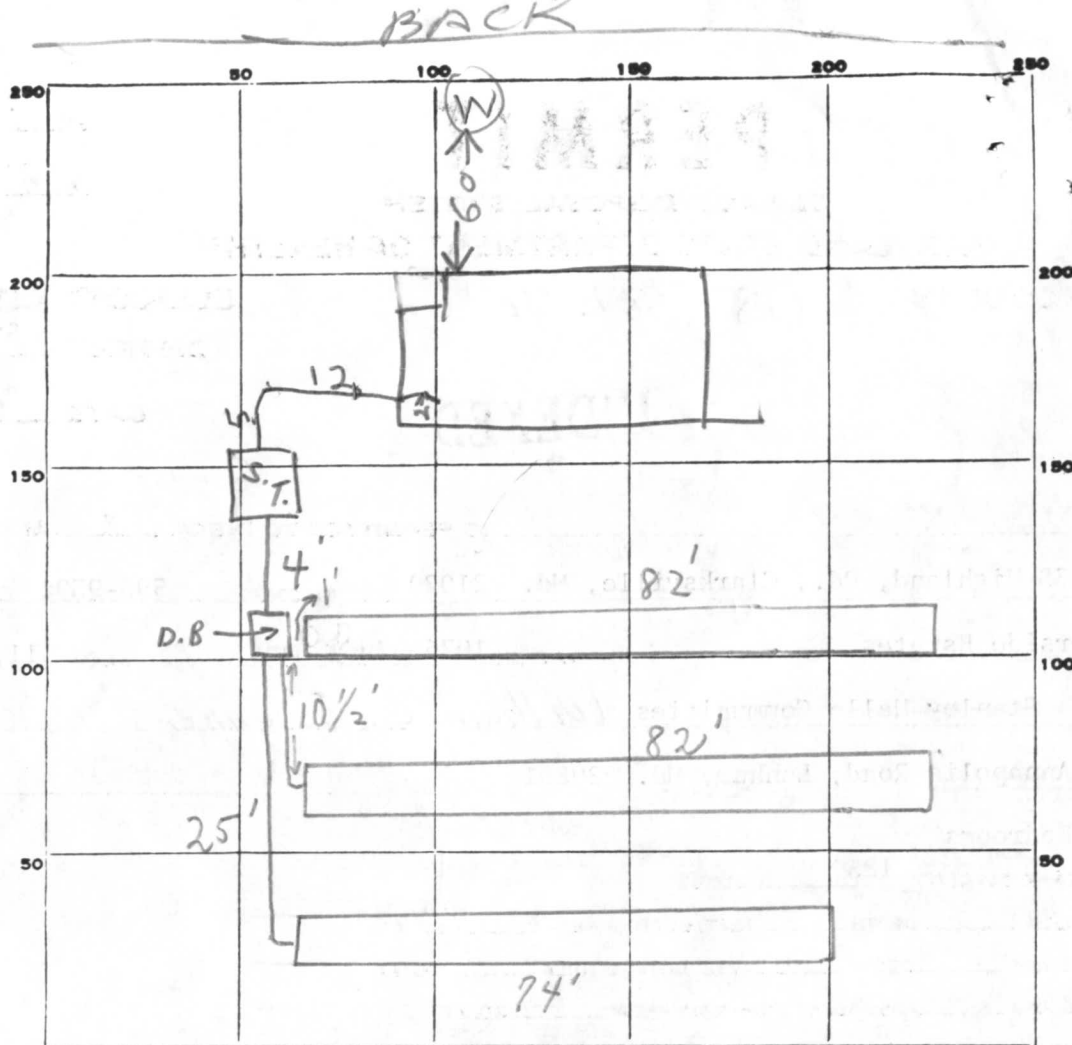
- COVER NO WORK UNTIL INSPECTED AND APPROVED.
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.
- 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.

BLDG. PERMIT SIGNED
AND RETURNED 4/20/79
Serial # 39341 - SFD

A 24243

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

BLDG. PERMIT SIGNED
AND RETURNED 7/18/85
Serial # 65679 4th.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Road ST

SEPTIC TANK, LEVEL OK 15 00 CLEANOUTS NO 9/13/79 AM
TOP 1 1/2 TO 2 FT DEEP OK 9/13 PM

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH 238 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 714

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

ABSORBENT AREA 714 SQ. FT.

REMARKS 9/13/79 AM - CEMENT SEWER TO & FROM TANK
& INSTALL CLEANOUT 9/13/79 OK TO COVER 1ST HALF
OF TANK & HOUSE SEWER RH 9/20/79 Trenches 3 1/2' avg
depth below original grade - ok only for stone;
9/21/79 Trenches complete - saw ends - Mr. Moughan gave
approval to County engineer / to weather's OK

DATE SYSTEM APPROVED 9/21/79 as per above INSPECTOR C. B. Stecker

APPLICATION

A 24243

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. 11 Block "C"
directions
ROAD AND DESCRIPTION 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 _____

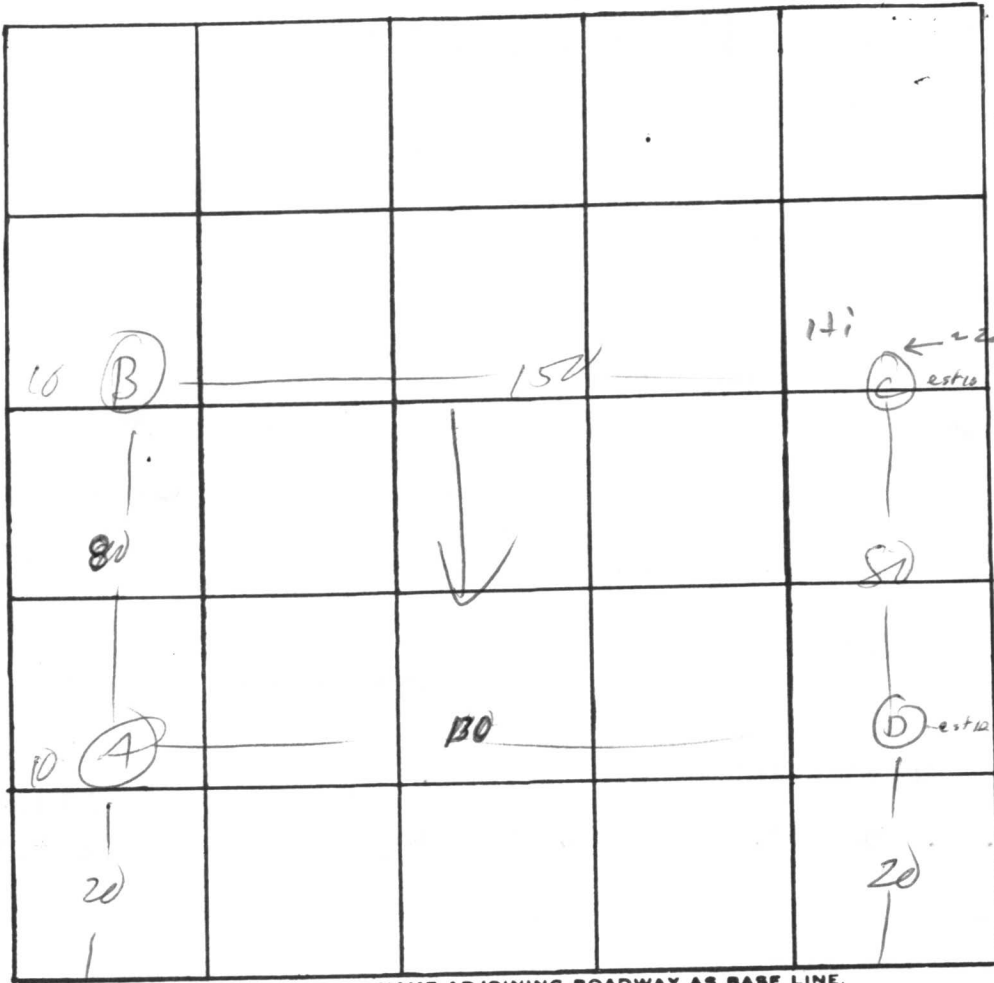
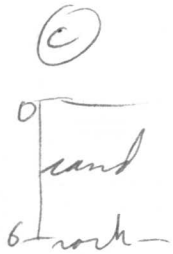
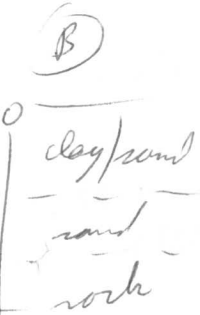
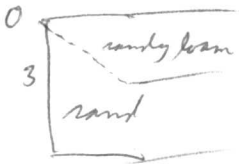
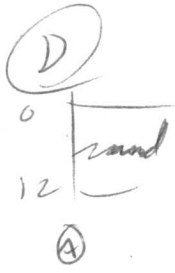
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



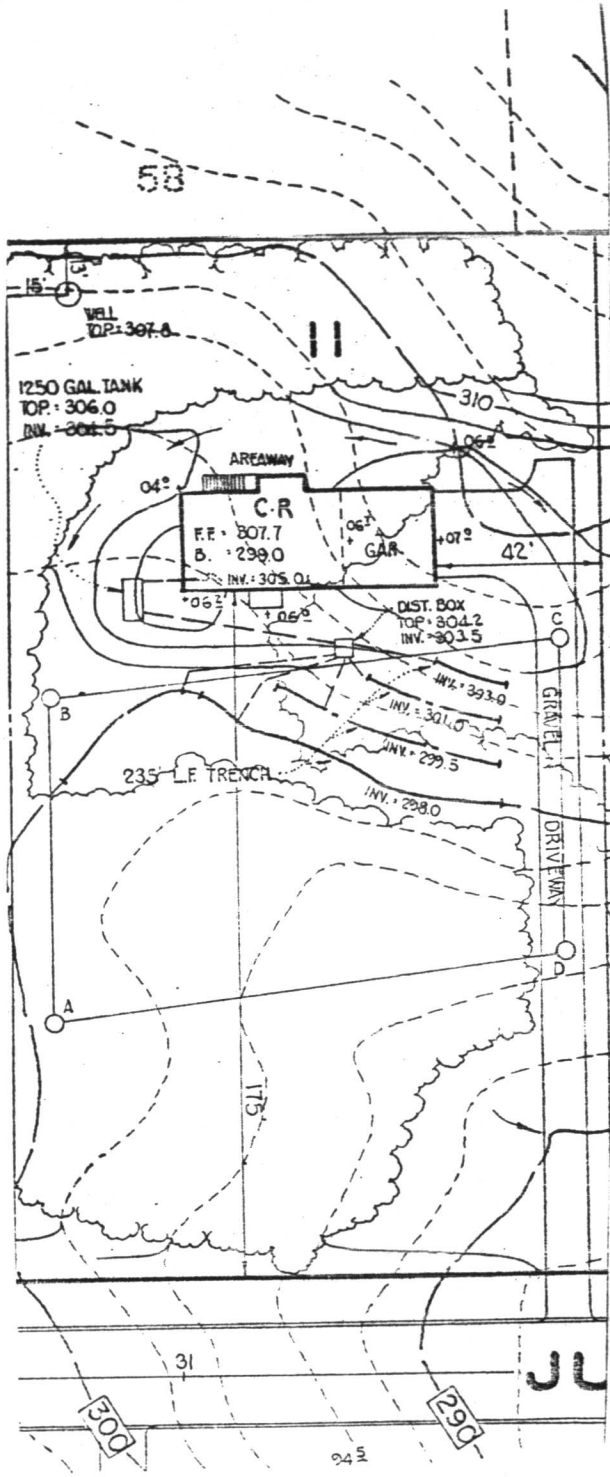
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/76	D	3	1216	1212	1212	1218	1
	D ₁	12	1216	1212	1212	1212	2
	A	3	1228	1229	1229	1233	4
	A ₁	12	1228	1229	1229	1231	2
	B	2	112	113	113	112	
	B ₁	6	112	113	112	113	
	B ₂	10	rock				
	C	2 1/2	100	119	114	147	28
	C ₁	6 1/2	103	100	100	112	6
	C ₂	10'	rock				
	B	—	114	115	115	112	2
	B ₁	—	112	114	114	117	3

REMARKS _____

TYPE OF SOIL granite rock

TESTED BY M ALSO PRESENT: _____



4/25/79
D

C 1 6250 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 2-6 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 11/17/79 DEPTH OF WELL 285'
 (TO NEAREST FOOT) 22 _____ 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-73-3246
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER _____ LAST NAME _____ FIRST NAME _____
 STREET OR RFD _____ 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	26	
Grays to Pink	26	285'	

WELL DESCRIPTION

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C
 45 46 45 46

NO. OF BAGS 8 NO. OF POUNDS 252

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 32 FT.
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O
 PLASTIC P L OTHER O T

MAIN CASING TYPE S T

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 35

60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

OK

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O
 PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	6
1	4	8	9	11
2	11	15	17	21
3	23	24	26	30
	32	36	38	39
	41	45	47	51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN _____ (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 70 72 LOG INDICATOR 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3
 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 7
 11 15

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 46 (NEAREST FOOT) 17 20
 WHEN PUMPING 5 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE
 27 27 27

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 27 27 27

J JET S SUBMERSIBLE
 27 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____ 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

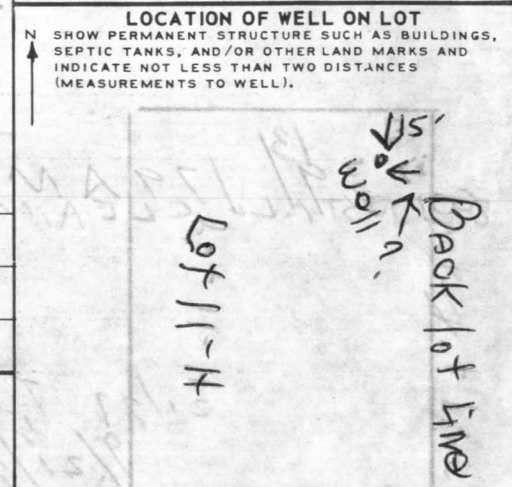
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

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 51



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 _____

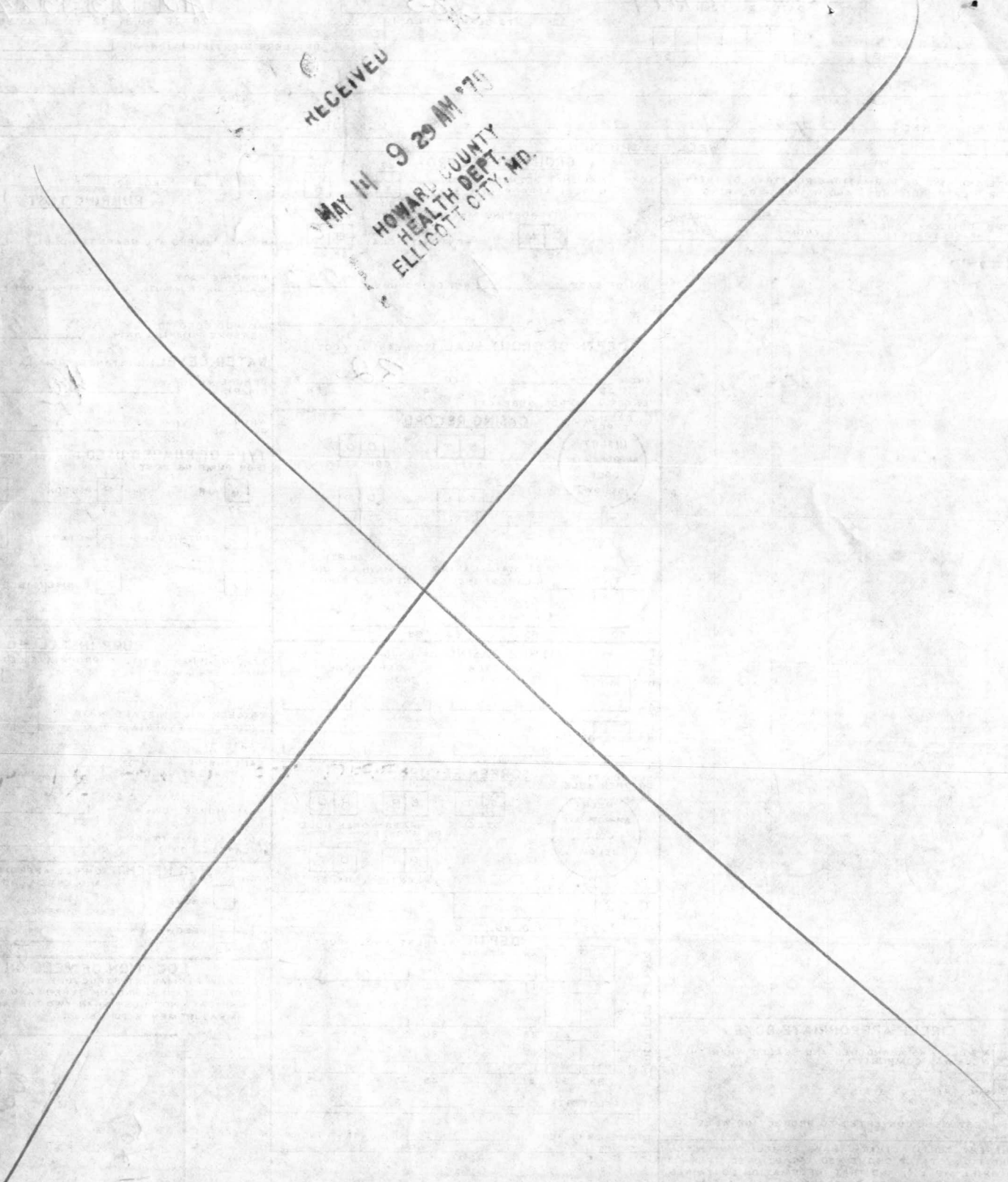
(PLEASE PRINT) _____

SIGNATURE _____

RECEIVED

MAY 14 9 29 AM '70

HOWARD COUNTY
HEALTH DEPT.
ELLIOTT CITY, MD.



5/14/70
7-1-50

4-11-70

PTG

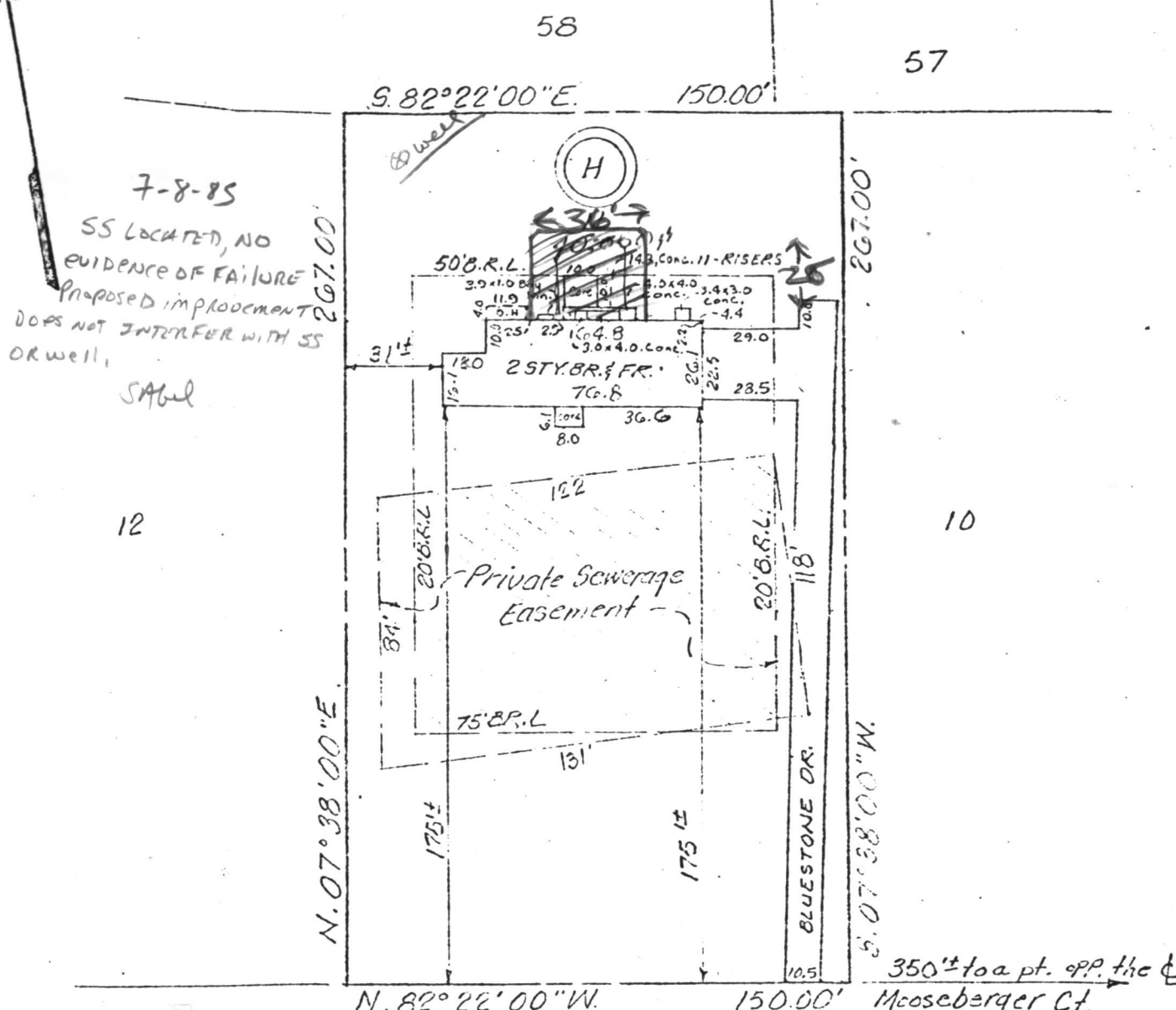
STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
STATE WATER CONTROL ADMINISTRATION
WATER COMPLIANCE SECTION

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STATE WATER CONTROL ADMINISTRATION
WATER COMPLIANCE SECTION

HOUSE LOCATION SURVEY
 10766 JUDY LANE
LOT 11 BLOCK "H" SEC. 4
RIVERSIDE ESTATES
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



7-8-85
 SS LOCATED, NO
 EVIDENCE OF FAILURE
 PROPOSED IMPROVEMENT
 DOES NOT INTERFERE WITH SS
 OR WELL.
 SAGEL

JUDY (50' R/W) LANE

Final: 10-5-79
 Wall Check: 7-17-79 (Under Const.)

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property has been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

Peter P. Kitz #10319

JOHNSON, MCCORDIC & THOMPSON, P.A.

1620 ELTON ROAD, SILVER SPRING, MD. 20903 434-7000
 ENGINEERS • PLANNERS • SURVEYORS

REFERENCE		Drawn by J.S.	Checked by S.C.S.
Plat Book	3815	Date 7-19-79	Record No.
Plat No.		Scale 1" = 50'	G-038-83.11 H