

05-382327

10/26/79 File approved C.B.V.

10/26/79  
a ~~note~~ ready between 3:00 + 3:30 P.M.

# PERMIT

P 30290  
A 24249

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

## INDEXED

DATE 10/24/79

Bob Orndorff

IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Riverside Estates ROAD 10769 Judy Lane LOT 17, Blk.H

PROPERTY OWNER Stanley Halle

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 X ABSORBENT SIDE-WALL AREA 150 SQ. FT. per bedroom in system.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 4 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 20 FT. FROM left LOT LINE AND 230 FT. FROM front LOT LINE AS SEEN WHEN FACING LOT FROM

TRENCH-to be 2 ft. wide, 9 ft. deep, and contain 6 ft. of stone. Begin the trench 5 ft. from the edge of the dry well and follow the contour of the land.

PLANS APPROVED BY R.T. Moorefield DATE 6/20/79

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.

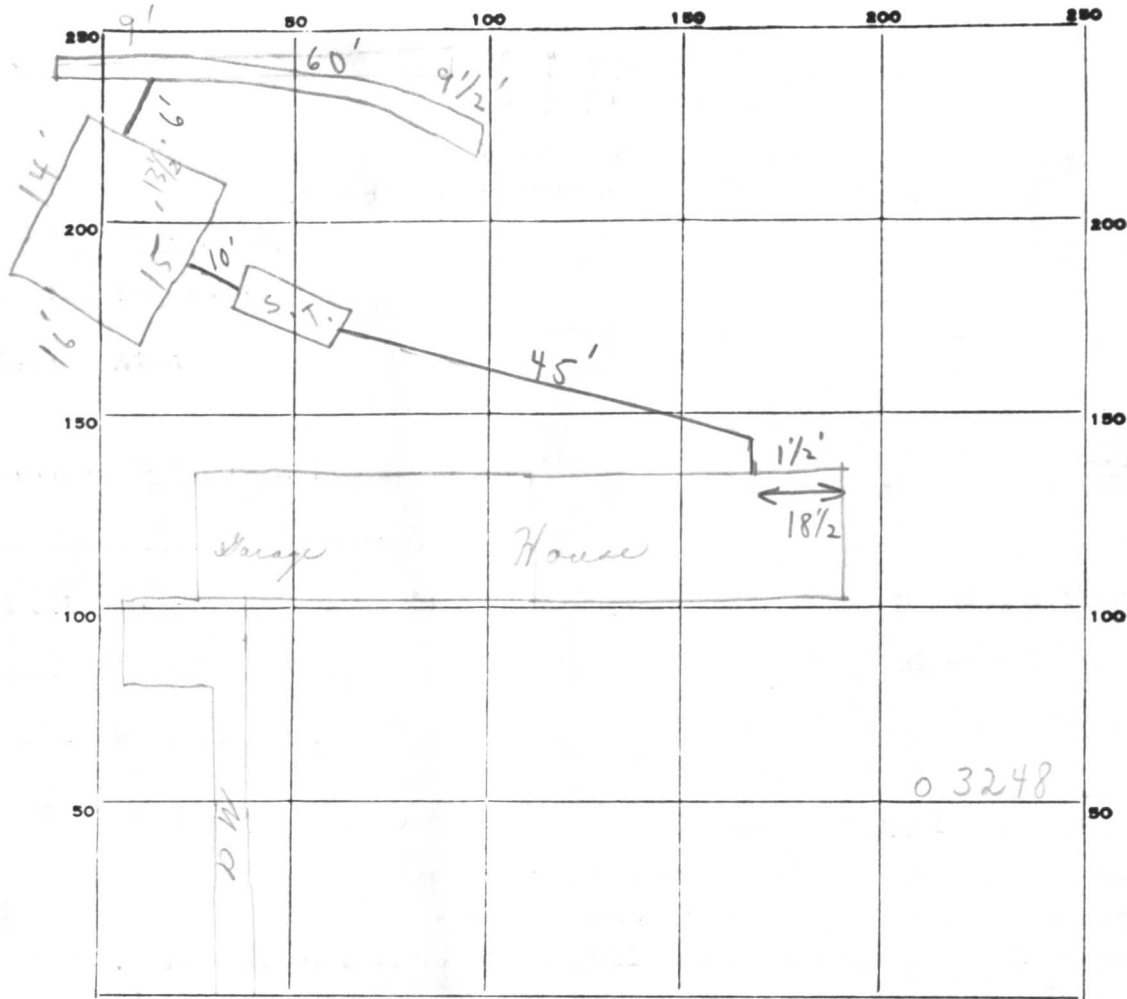
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

BLDG. PERMIT SIGNED AND RETURNED 4/20/79  
Serial # 39339

67249

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD  Judy Lane S.T. | D.W.  
 SEPTIC TANK, LEVEL  CLEANOUTS    
 DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 9'-9 1/2' FT. TRENCH WIDTH 2 FT.  
 GRAVEL DEPTH 6 IN. TOTAL LENGTH 60 FT. 360  
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA \_\_\_\_\_  
 SEEPAGE PITS, INSIDE DIAMETER 58.5 FT. DEPTH BELOW INLET 5+ FT. 292.5  
 ABSORBENT AREA 652.5 SQ. FT.

REMARKS 10/26/79 TRENCH OK FOR STONED ONLY; P.M. NEED  
MAN HOLE TYPE CLEANOUT ON SEPTIC TANK TO GRADE; OR  
OR LETTER OR CHANGE GRADE. C.B.S. OK TO COVER  
SYSTEM TO 3' ON EITHER SIDE OF SEPTIC TANK CLEAN OUT. C.B.S.  
P.M. CUT GRADE TO 3' IN AREA OF CLEANOUT + TANK. C.B.S.

DATE SYSTEM APPROVED 10/26/79 INSPECTOR C.B. Theater

# APPLICATION

A 24249

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 % William Miller 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 17 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)

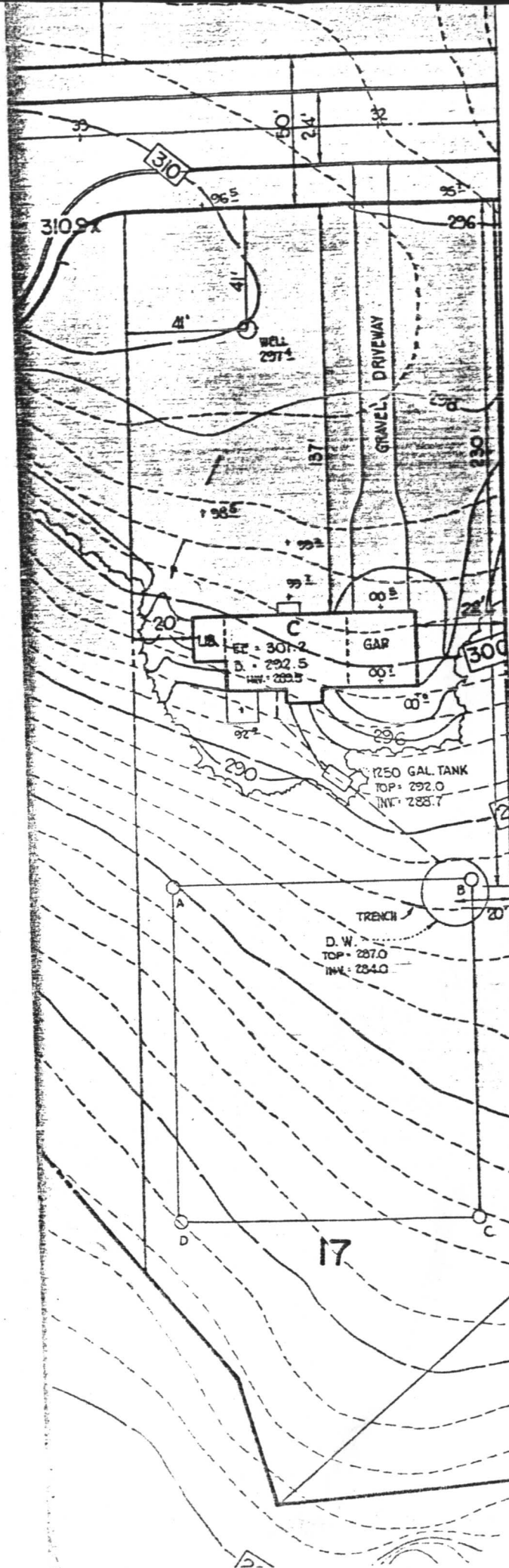
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT





780  
 4-25-79  
 20

C 1 **6252** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS 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 WI  
 IN 30 DAYS AFTER WELL COMPLET

**FILL IN THIS FORM COMPLETELY**

COUNTY  
 NUMBER

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_

DATE WELL COMPLETED May 19 1979

DEPTH OF WELL 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
40-73-3248

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	40	
Gray mica Rock	40	205	✓

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

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

NO. OF BAGS 12 NO. OF POUNDS 1028

GALLONS OF WATER 77

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 50 FT.  
 (ENTER 0 IF FROM SURFACE)

**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) 54

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
			FROM	TO
1				
2				

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  S  T BRASS OR BRONZE  B  R OPEN HOLE  H  O

PLASTIC  P  L OTHER  O  T

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM TO

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

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 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  T  W LOG INDICATOR  Q

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 8

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE UV

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**

BEFORE PUMPING 17 (NEAREST FOOT) 115 (NEAREST FOOT)

WHEN PUMPING 22 (NEAREST FOOT) 25 (NEAREST FOOT)

**TYPE OF PUMPED 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) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

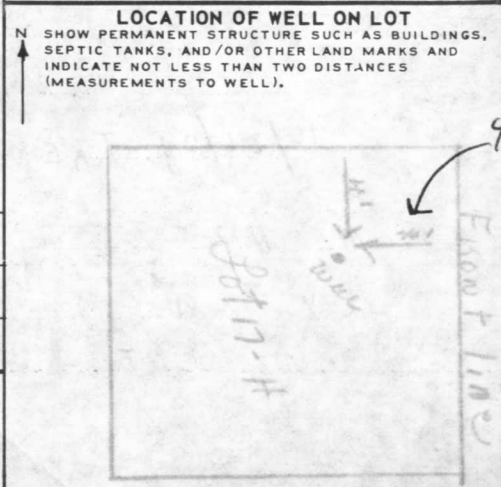
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

+ ABOVE } LAND SURFACE (NEAREST FOOT) 49

- BELOW }



**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. Maynard

SIGNATURE \_\_\_\_\_

RECEIVED

MAY 14 9 29 AM '79

HOWARD COUNTY  
HEALTH DEPT.  
ELLCOTT CITY, MD.

680

360

240