

4-12-79 app. 77-

~~4/11/79~~
a.m. if possible

PERMIT

P 29626

A 24251

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-382610

ELLICOTT CITY

DISTRICT 5th

DATE 3/2/79

4/12/79

INDEXED

Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS 9401 5th Street, Laurel, Md. 20810 PHONE 725-8969

SUBDIVISION Riverside Estates ROAD 10735 Judy Lane LOT 44, Block 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 _____ 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 120 FT. FROM front LOT LINE AND 25 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM the front.

Tile field to be 3 ft. wide - 3 ft. deep - 1 ft. of stone - follow contour of the ground - to be 9 ft. apart center-to-center. Distribution box to be used. System to have 130 sq. fto absorbent bottom area per bedroom.

PLANS APPROVED BY Robert T. Moorefield 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.

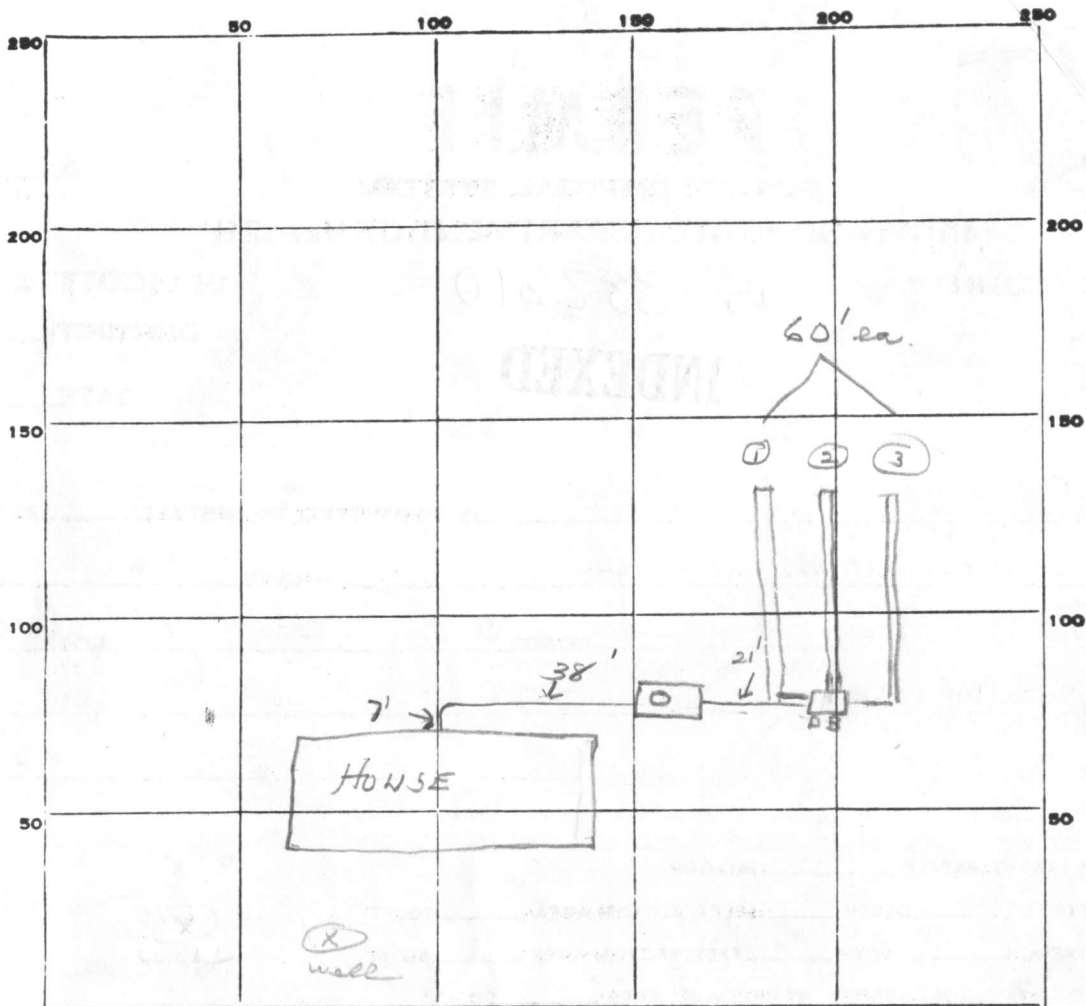
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.**

24251



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

JUDY LANE

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST / TERRA COTTA

DISTRIBUTION BOX, LEVEL 2 x 2 x 1

TILE FIELD, DEPTH 3 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 540

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/11/79 - OK to cover work to ① trench - add gravel & pipe - Distribution box work not completed - check - J

DATE SYSTEM APPROVED

A-12-79

INSPECTOR

Frommelt

APPLICATION

A 24251

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. 41 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 _____

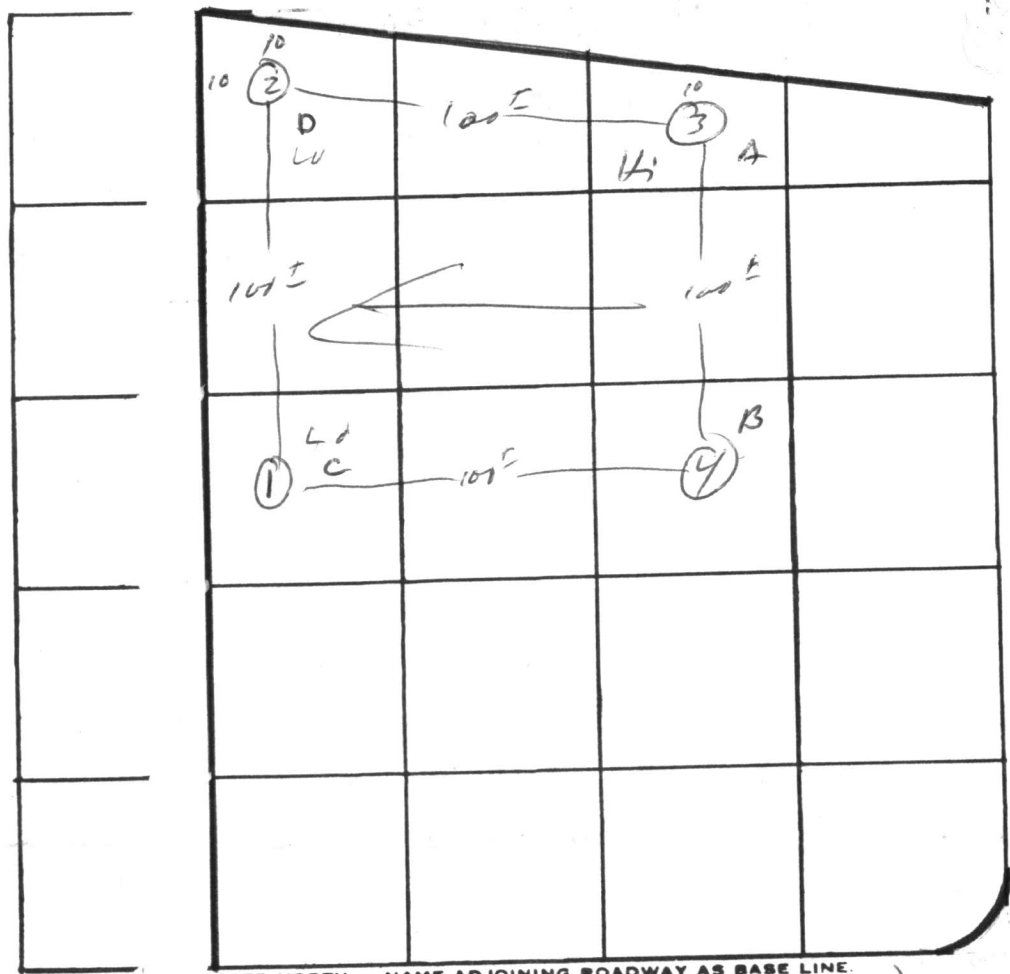
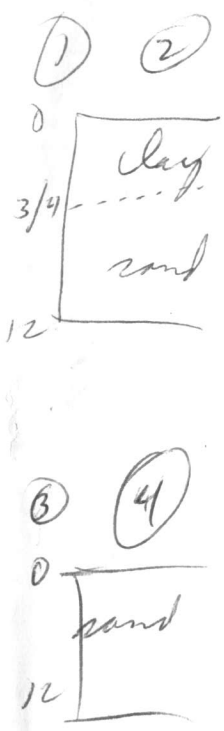
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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 → (Judy Lane)

↑
RW
↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/14/72	1	3	257	301	301	308	7
	1A	12	258	300	300	302	2
	2	3	326	327	327	330	3
	2A	10	24	213	212	216	4
	2B	13	vis		dry		
	3	3	333	338	338	347	9
	3A	12	334	336	336	340	4
	4	12	vis		dry		

REMARKS _____

TYPE OF SOIL RM/RB

TESTED BY Barth ALSO PRESENT: _____

B 1 6208 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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
73-2944
 FILL IN THIS FORM COMPLETELY

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

OWNER Shelley Stanley Communities
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 9332 Annapolis Rd -
 COL 36 COL. 65

POST OFFICE Lanham Md - 20801
 COL 67 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE Aug 1978 LICENSE NUMBER 238
 77 80

FIRST NAME DRILLER LAST NAME
Joseph L. 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 Riverside Estates 42

SECTION H LOT 44
 44 46 48 50

NEAREST TOWN Atholton 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1.2 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 250 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Clear Point

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 40 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

APPROXIMATE DEPTH OF WELL 180 FEET
 24 26

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D 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. 63

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

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. W28716

MO. DAY YR. 11 7 78

DATE APPROVED BY Donald W. Monaghan Sanitarian

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.

37' - CASING
2' - ABOVE GR
32' - OPEN HOLE
8 - BAGS CEMENT

W.S. 10/2/78

Clear Point

W28716

BOX NUMBER E 830
 N 480

0/5 5/5

0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

RECEIVED

AUG 25 9 20 AM '70

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

