

8-3-79 R. DeMaio APPROVED

8/1/79 8/2/79
7/31/79
a.m. if possible

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-382343

P 30021

A24251 ~~24251~~
24255

ELLICOTT CITY

DISTRICT 5th

DATE 7/23/79

INDEXED

Bob Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Riverside Estates ROAD 10761 Judy Lane LOT 19 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 _____ 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 FIELD-140 sq. ft. bottom area per bedroom.. Trenches to be 3 ft. wide, 3 ft.

deep below original grade, 1 ft. of stone and follow contour of ground. Distribution

box to be used. Trenches to be 9 ft. apart center to center. Start trenches at point

130 ft. from front lot line and 15 ft. from left sideline as seen when facing from the front.

PLANS APPROVED BY RT. Moorefield/D.W. Monaghan 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.

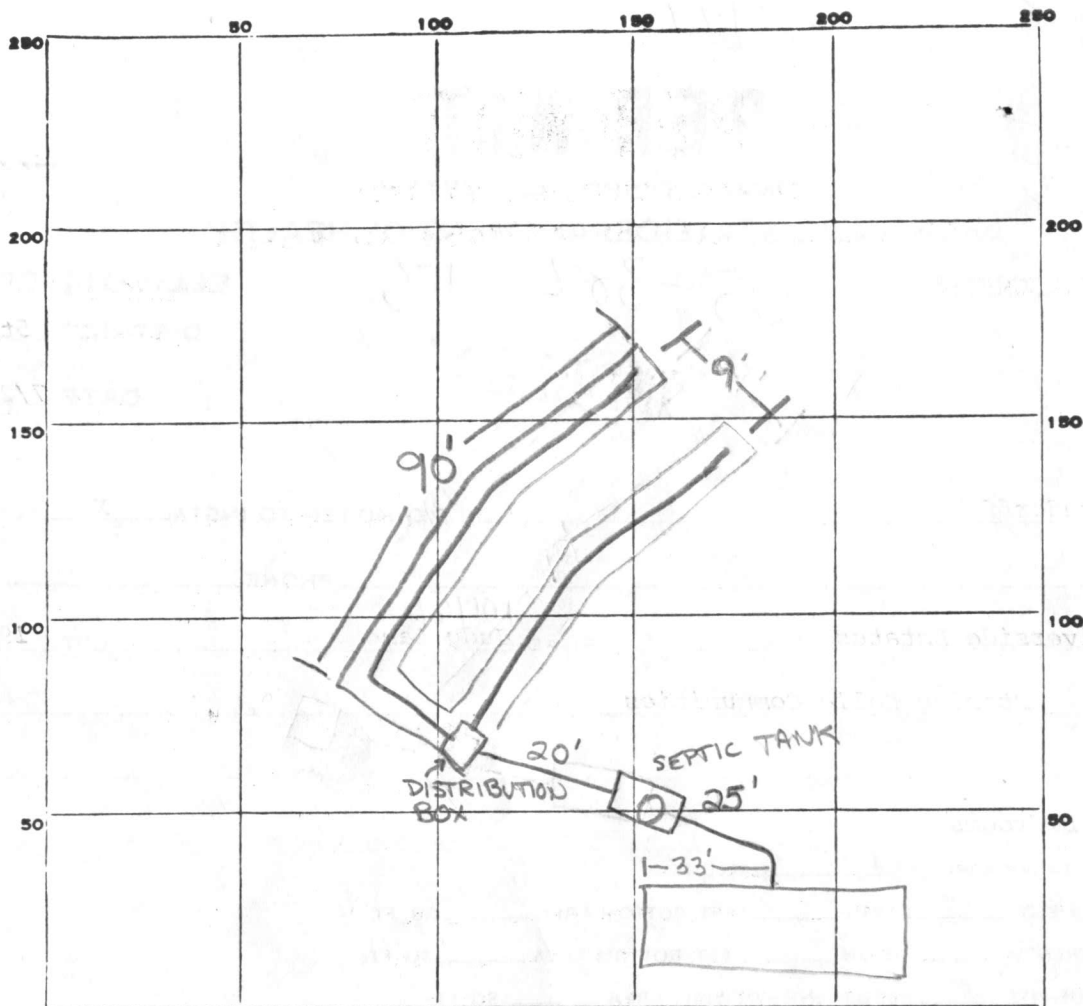
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.**

A24255
A24251 24255



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

WELL

JUDY LANE

SEPTIC TANK, LEVEL

CLEANOUTS TERRA COTTA

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 4' FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1' IN. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 540

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

ABSORBENT AREA 540 SQ. FT.

REMARKS 7-31-79 - ADD CLEANOUTS, GRAVEL, DISTRIBUTION BOX AND PIPE TO FIELDS. R.D.

8-2-79. ok to core all except dist. box cement

8-3-79 - OK TO COVER ALL WORK R.D.

DATE SYSTEM APPROVED

8/3/79

INSPECTOR

R. D. Marco

APPLICATION

A _____

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 July 29, 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.
P. O. Box 700, Seabrook, Md., 20801 c/o William Miller
ADDRESS 17512 Bowie Mill Rd., Derwood, Md., 20855 PHONE 301-948-5115

PROPERTY LOCATION:
SUBDIVISION Riverside Estates LOT NO. 19C ~~17 Block "E"~~

ROAD AND DESCRIPTION From Rt. 29, South of Rt. 32 1/4 mile, West on Vista Rd.,
3 blocks to Newberry Dr., left to job.

SIZE OF LOT one acre plus 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 William J. Miller

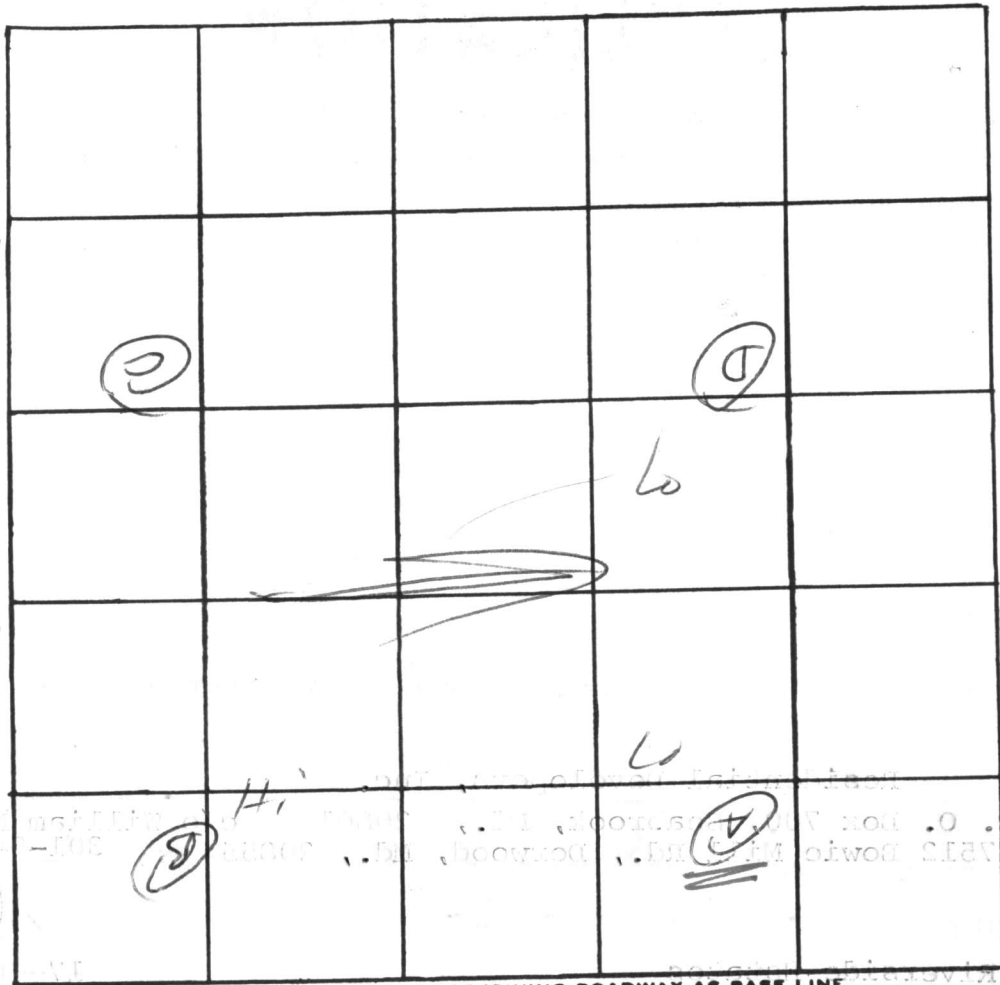
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



A
3-12' good soil

B
0 clay
3 sandy clay
windy
12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PRW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/76	A	3	11 ¹⁰	11 ¹⁵	11 ¹⁵	11 ²²	7
	(A ₁)	12	water @		11'		
	B	4	11 ²⁹	11 ³⁴	almost 1'		> 30
	B ₁	12	11 ²⁸	11 ³³	11 ³³	11 ⁴³	10
	C	12	dry				
	D	3	11 ¹⁵	11 ¹⁷	11 ¹⁷	11 ²⁰	3
	D ₁	13	11 ¹⁵	11 ²²	11 ²²	11 ³¹	9

REMARKS Hill; retest A in wet season & test new B

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT: _____

APPLICATION

A _____

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 _____

DATE _____

42 casing
30' open - muddy bottom
2' AG
letted to

heavy rain today

bags cement (GLK) 4 Dec 70

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 19 H

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

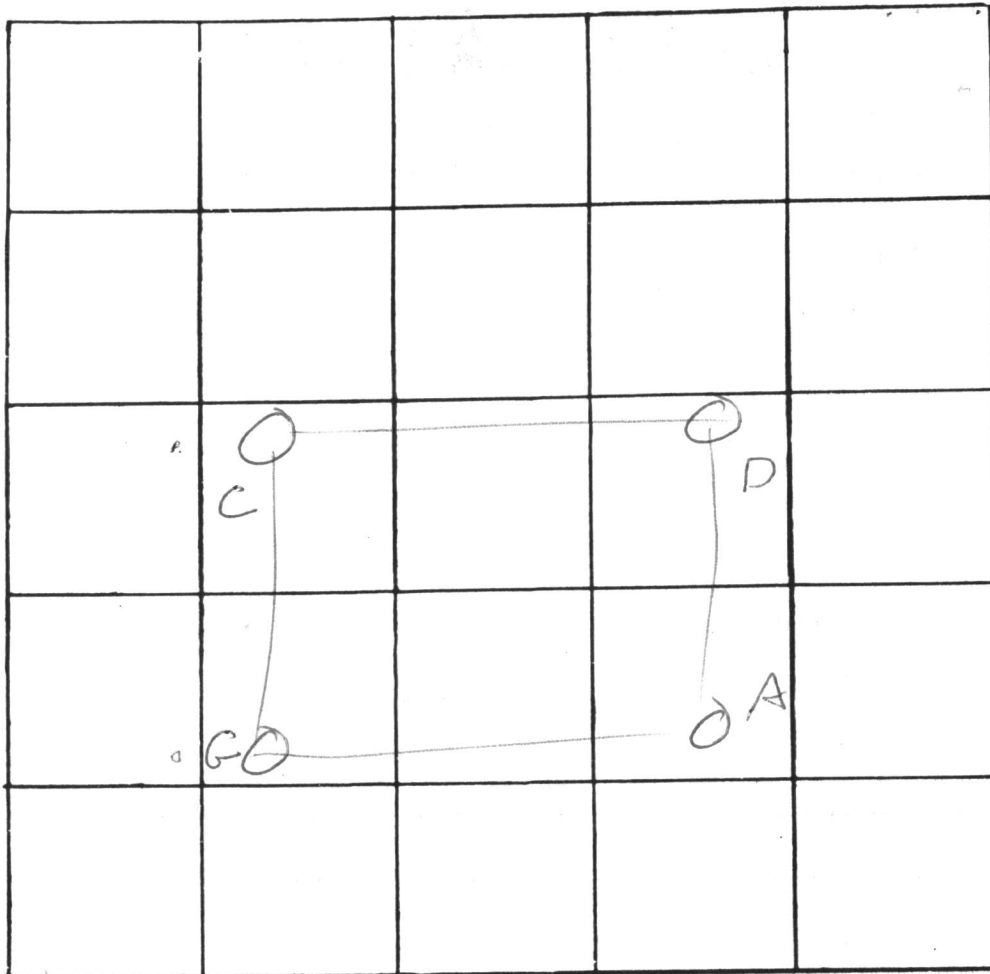
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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 →

new
19c

$t = 12$

inv @ 3

max @ 9

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	A	3	8 ⁰⁰	8 ⁰²	8 ⁰²	8 ⁰²	5
	A ₁	13	8 ⁰⁰	8 ⁰⁹	8 ⁰⁹	8 ²²	13
	B	3	8 ³⁰	8 ³³	8 ³³	8 ³⁸	5
	B ₁	13	8 ²⁵	8 ³³	8 ³³	8 ⁴⁷	14
	C	3	10 ⁴³	10 ⁵⁰	10 ⁵⁰	11 ⁰⁰	10
	C ₁	12 ^{1/2}	10 ⁴⁰	10 ⁴³	10 ⁴³	10 ⁵⁵	12
	G	3	10 ³⁰	10 ³²	10 ³²	10 ³⁷	5
	G ₁	13	10 ³⁰	10 ³⁵	10 ³⁵	10 ⁴⁵	10

REMARKS _____

TYPE OF SOIL _____

TESTED BY REM ALSO PRESENT: _____

APPLICATION

A 24255

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. 45 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 _____
NUMBER OF BEDROOMS
(Single Family Dwelling)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

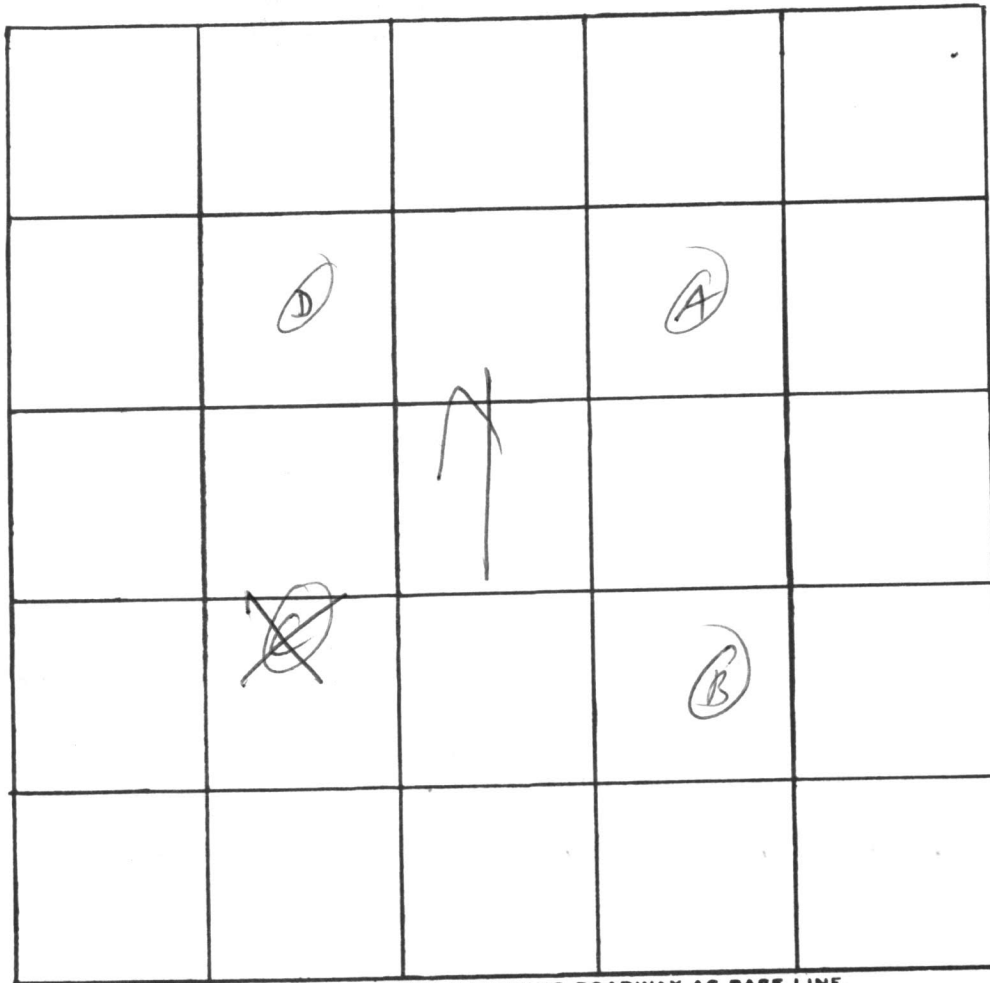
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

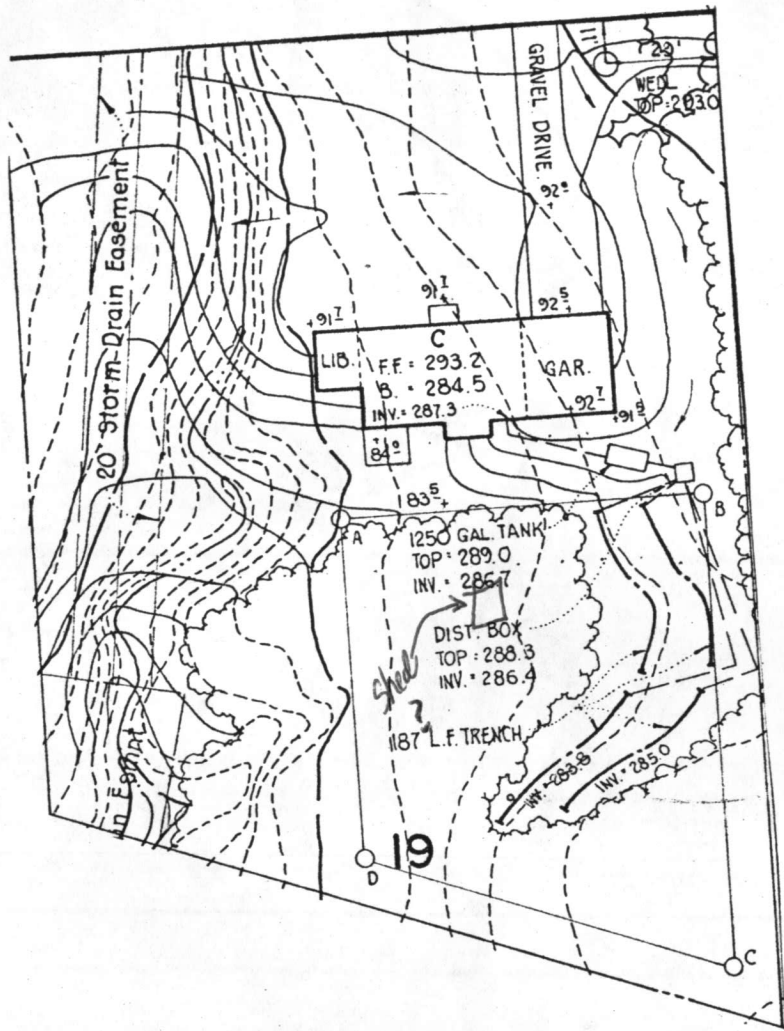
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/20/76	A	3	1 ⁵⁷	2 ⁰³	2 ⁰²	2 ⁰⁸	6
	A₁	6	1 ⁴⁵	1 ⁴⁸	1 ⁴⁸	1 ⁵⁶	8
	B	2	1 ⁰³	1 ⁰⁴	1 ⁰⁴	1 ⁰⁷	3
	B ₁	6	rock	too hard to dig	w/ bar		
	C						
	C ₁						
	D	7	1 ²⁰	1 ²¹	1 ²¹	1 ²²	1
	D₁	3	1 ²⁸	2 ⁰⁵	~1"	—	>38
	D	—	1 ²²	1 ²³	1 ²³	—	1

{water @ 6' by 20'

REMARKS _____

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: Barth



app
 12-21-78
 2

B 1 **4631** SEQUENCE NO. (WRA USE ONLY)

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
40-73-3055
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
12/4/78
9:30 A.M.

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

STREET OR RFD 9332 Annapolis Rd.
 COL 36 COL. 55

POST OFFICE Lenham Md.
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE Nov 6, 1978 LICENSE NUMBER 238
 COL. 77 COL. 80

FIRST NAME Joseph L. Mayne DRILLER LAST NAME

SIGNATURE Joseph L. Mayne

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) COL. 21

SUBDIVISION Nevside Estates COL. 42

SECTION 44 LOT 19 COL. 50

NEAREST TOWN Atholton COL. 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 1/2 MI COL. 76 77 78

B 2 **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL. 8 COL. 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750 COL. 14 COL. 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

B 4 **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**

1 2 3 (SEQ. NEAR) 6

NORTH EAST N E NORTHEAST S E SOUTHEAST

SOUTH WEST N W NORTHWEST S W SOUTHWEST

NEAR WHAT ROAD Judy Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST COL. 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 FT MI COL. 37 38 39

APPROXIMATE DEPTH OF WELL 180 FEET COL. 24 COL. 28

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE 'X') COUNTY NAME Howard COUNTY NO. W29183

MO. DAY YR. 11 08 78 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.

42' CASING heavy RAIN today - muddy bottom
30' open
2' above grade
 jetted to **40'** well 130 ft
17 bags cement
 location ✓
4 Dec. 78 (GLK)

Atholton
Judy Lane
Thorbury Ln.

BOX NUMBER 830 480

NORTH COORDINATE 443000 50 51 52 53 54 55

EAST COORDINATE 0830000 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 0/0 65 66 67 68

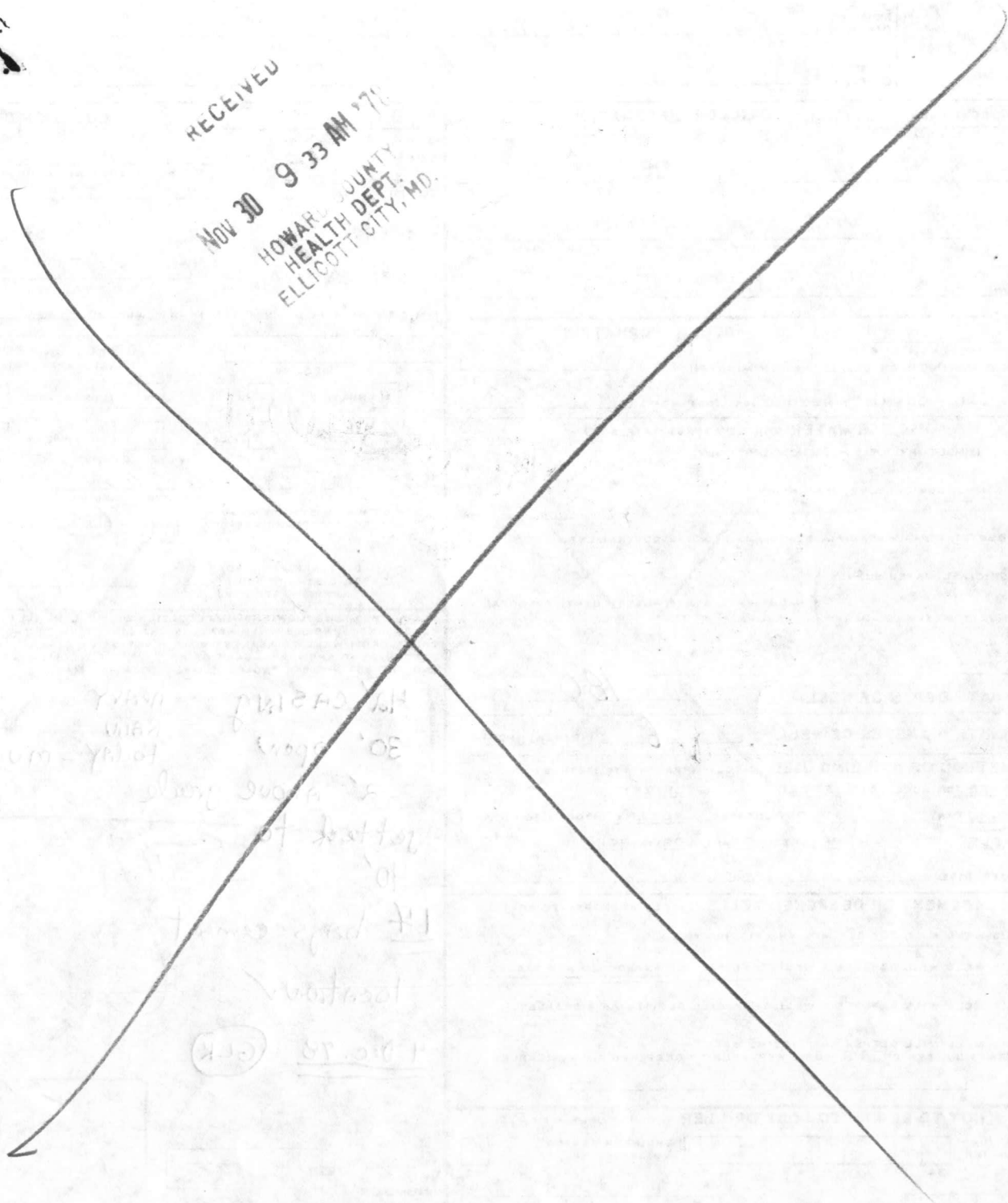
B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

RECEIVED

NOV 30 9 33 AM '76

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.



[Faint, illegible handwritten notes, possibly bleed-through from the reverse side of the page.]