

serial # 40151

12/13/79 File 7
approved
C.K.V.

PERMIT

05-383706

P 29922
A 24837

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

8/2/79

HOWARD COUNTY
~~12/10/79~~ 12/13/79

BLDG. PERMIT SIGNED
AND RETURNED 7/3/79
Serial # 40151

ELLICOTT CITY
DISTRICT 5th
DATE 5/15/79

INDEXED

Paul Schissler IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 7041 Loganberry Lane LOT 3

PROPERTY OWNER Joseph Judge *Ashendor f*

ADDRESS 6349 Amherst Ave., Ellicott City, Md.

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 150 SQ. FT. per bedroom, 300 sq. ft. in dry well.

INLET PIPE 5 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 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

Locate the dry well 35 ft. from the 301ft. lot line and 125 ft. from the 105 ft. lot line.

Trench to be 30 ft. long, absorption area 180 sq. ft. Inlet to be 5 ft. and maximum depth

11 ft. below grade. Trench to run N.E. of dry well with contour.

PLANS APPROVED BY David J. O'Neill DATE 9/10/76

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.

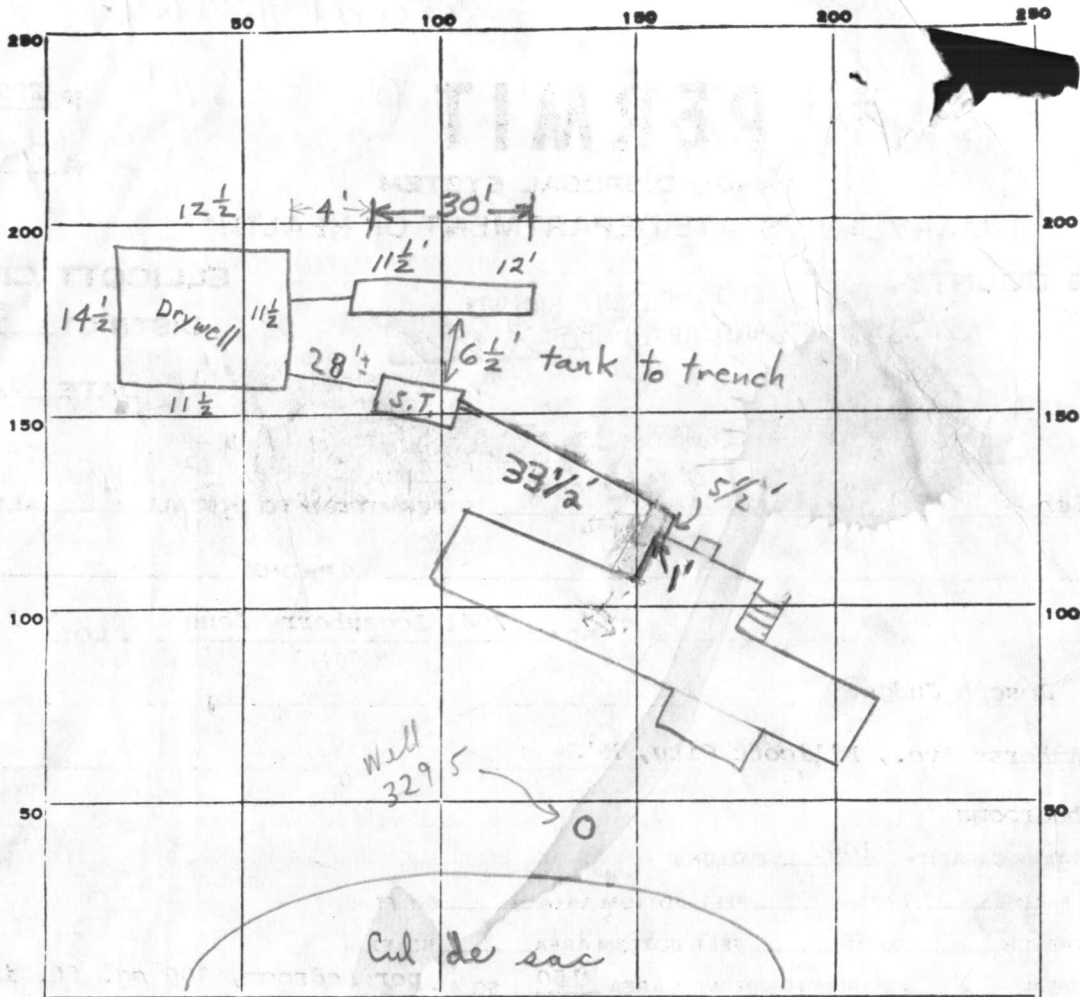
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.**

A 24837



PERMIT CARD Yes ^① sealed
 SEPTIC TANK, LEVEL _____ ^② " " ^③ " "
 CLEANOUTS S.T. D.W.
 CLEANOUTS ok ok
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH 11 1/2' avg FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH 8 avg IN. TOTAL LENGTH 30 FT. ① 195
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 6' + FT. ② 300
 ABSORBENT AREA 495 + SQ. FT.

REMARKS 6/20/79 ^{A.M.} ① checked found - not ready - gas line hold up
per Mr. Schindler ^{P.M.} ② Partial Dry Well - not finished, Septic tank
covered over; no pipe from Septic Tank to Dry Well.
③ ^{P.M.} Partial need house connection; ok to cover trench - pipe
on to 3 1/2' of surface; and ok to cover rest of system to 3' of side of
septic tank closest to house
8-2-79 wrong job asked for, recheck 7/ 12/10/79 ^{C.B.D.} FOUND CLEAN OUT @ SEPTIC TANK OFF;
NO PIPE FROM HOUSE TO TANK - PARTIAL. ALSO CLEANOUT @ DRY WELL CRACKED. NEEDS REPAIR
 DATE SYSTEM APPROVED 12/13/79 ^{gaper} INSPECTOR C. B. Shrecker
 TO CALL FOR FINAL above

APPLICATION

A 24837

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 11/29/76

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 Judge (Joseph Judge)

ADDRESS 6349 Amherst Avenue, Ellicott City, MD. PHONE 461-9288-995-1920
new lot 3

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 5

ROAD AND DESCRIPTION Rindell School Road
7041 Loganberry Lane

SIZE OF LOT _____ TYPE BLDG. (3) or 4
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 /s/ Joseph Judge

APPROVED BY [Signature] FOR DW + Twp DATE 9/10/76
(KIND OF SYSTEM)

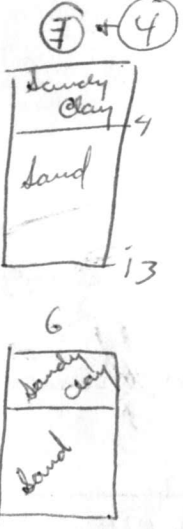
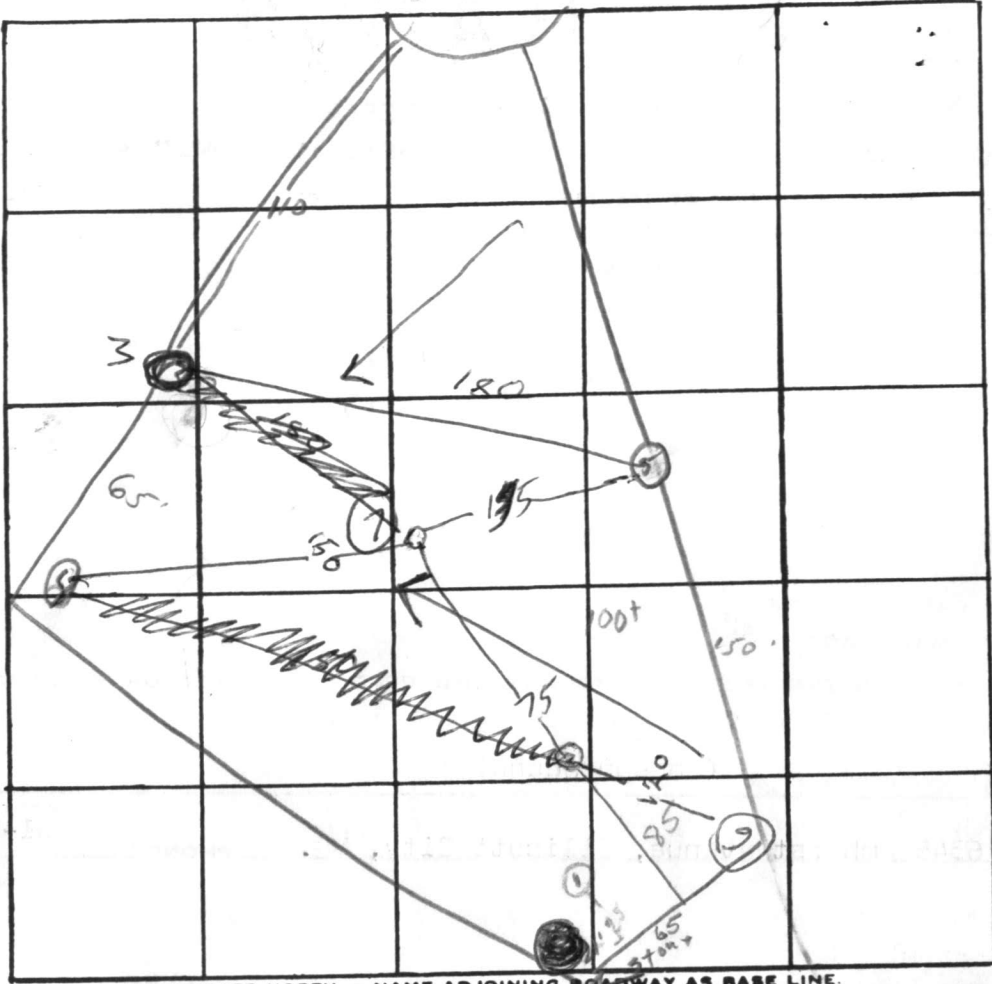
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 5



6	4	12	19 ft
6a	12	19 ft	
7			

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14	1-	Water	12'	200	60	5 1/2 - 6"	
	2s	4 1/2'	2 35	2 39	2 39	2 58	24
	2d	13'	2 35	2 37	2 37	2 43	6
	3s	5.5'	1 53	1 55	1 55	1 58	3
	3d	13'	1 52	1 50	1 50	1 07	7
	4	5	3 26	3 27	3 29	3 32	5
	1	13'	3 26	3 29	3 29	3 39	5
7/15	4	3'	2 08	2 19	2 19	2 45	26
	4e	14'	2 08		NO	PERK	
	4w	13'	2:20	2:22	2 22	2 24	2

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

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HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

DATE _____

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 Judy Joseph Judge

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 5

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 _____

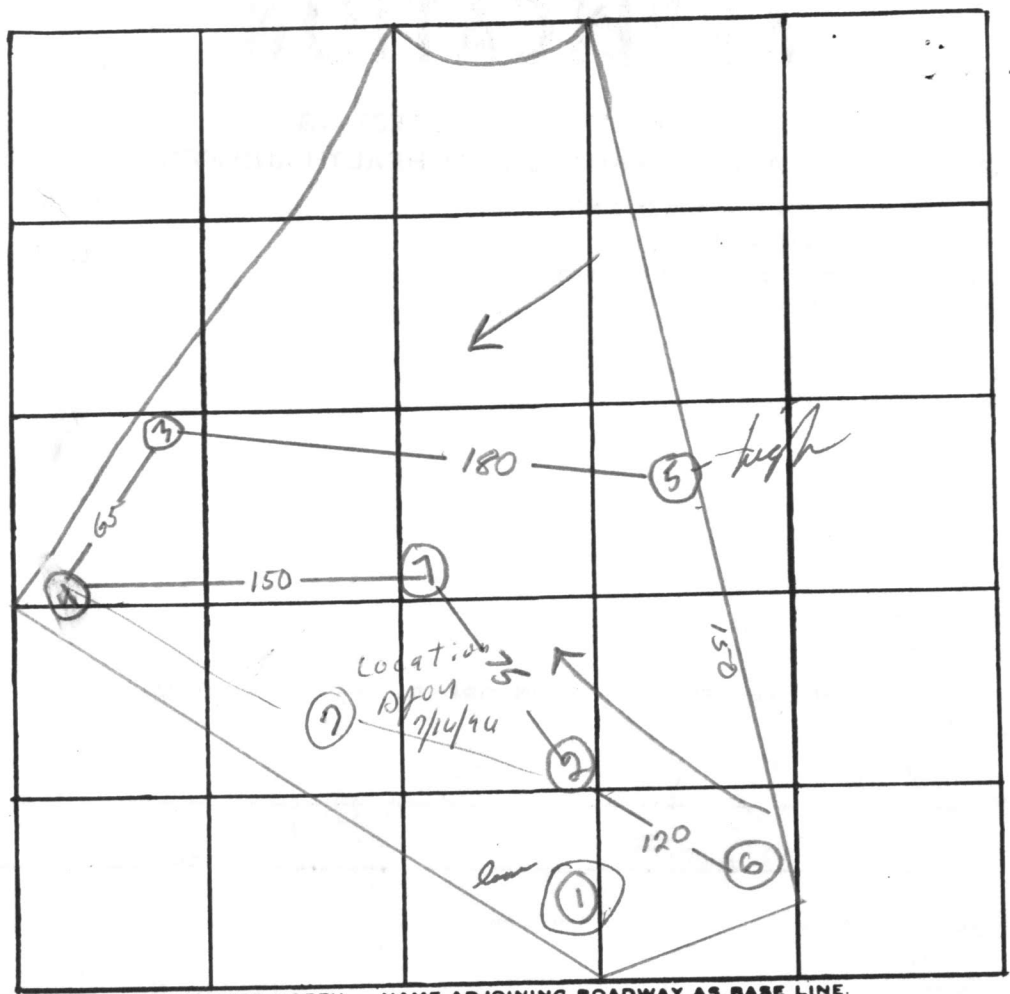
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 5

3+4
 Sandy Clay 6
 4
 Sand 13

Rest of holes
 Clay Sand 3-4
 Sand 12



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14	1	12'	water	good	soil 3/2 - 6'		
	2	4 1/2	235	239	239	258	24
	2a	13	235	237	239	243	6
	3	5.5	153	155	155	158	3
	3a	13	152	200	200	207	7
7/15	4	3	208	219	219	245	26
	4a	14	208	NO	PERK		
7/14	4b	13	220	222	222	224	2
	5	5	326	327	327	332	5
	5a	13	326	329	329	334	5

REMARKS _____

TYPE OF SOIL _____

TESTED BY R Briggs O'Neill ALSO PRESENT: _____

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

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HOWARD COUNTY HEALTH DEPARTMENT
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TELEPHONE: 465-5000, EXT. 356

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DATE _____

TO: THE COUNTY HEALTH OFFICER
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PROPERTY OWNER Judge Joseph Judge

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 5

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

lot
5
ctd

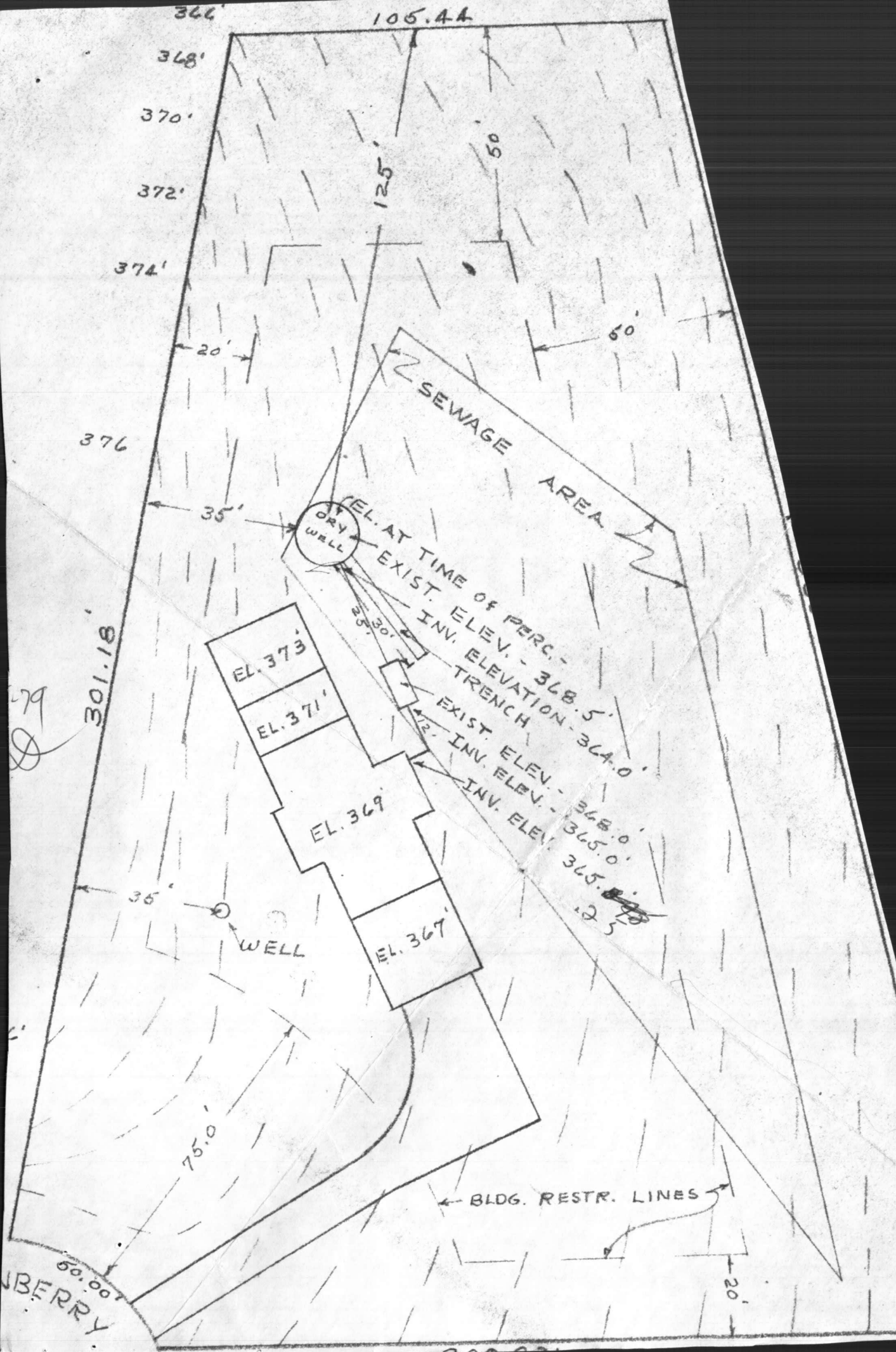
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/15	6	4	250	251	251	253	2
	6a	12	250	255	255	301	6
	7	12	Visual		_____		

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Briggs + (O'Neill) ALSO PRESENT: Fyeck



366

105.44

368'

370'

372'

374'

376

479

301.18'

2'

BERRY

SEWAGE AREA

DRY WELL

EL. 373

EL. 371

EL. 369

EL. 367

WELL

BLDG. RESTR. LINES

20'

35'

35'

75.0'

125'

50'

60'

20'

EL. AT TIME OF PERC. - 368.5
EXIST. INV. ELEVATION - 364.0
EXIST. TRENCH
EXIST. ELEV. - 368.0
INV. ELEV. - 365.0
365.0
12.5

B 1 5672 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
 40-75-3295

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 6/21/79
 1:30 P.M.

OWNER
 COL 15 LAST NAME: [Handwritten Name]
 FIRST NAME: [Handwritten Name] COL. 34

STREET OR RFD
 COL 36: [Handwritten Address] COL. 55

POST OFFICE
 COL 57: [Handwritten Post Office] COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: [Handwritten Date] LICENSE NUMBER: [Handwritten License] 40 77 80

FIRST NAME: [Handwritten Name] DRILLER LAST NAME: [Handwritten Name]

SIGNATURE: [Handwritten Signature]

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: [Handwritten County] (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: [Handwritten Subdivision] 23 42

SECTION: [Handwritten Section] 44 46 LOT: [Handwritten Lot] 48 50

NEAREST TOWN: [Handwritten Town] 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): [Handwritten Miles] 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): [Handwritten Rate] 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): [Handwritten Quantity] 14 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. NO.) 6

NORTH EAST NE NORTHEAST SE SOUTHEAST

SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: [Handwritten Road] 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): [Handwritten Distance] 34 37 38 39

APPROXIMATE DEPTH OF WELL: [Handwritten Depth] 24 26 FEET

APPROXIMATE DIAMETER OF WELL: [Handwritten Diameter] (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)

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 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: [Handwritten Number] ENGINEER REVIEW DISTRICT NO.: [Handwritten Number]

FORCE: [Handwritten Force] WRITE INITIALS IN BOX: [Handwritten Initials]

CONDITIONS: [Handwritten Conditions]

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: [Handwritten County] COUNTY NO.: [Handwritten County No.]

DATE: [Handwritten Date] MO. DAY YR.

APPROVED BY: [Handwritten Signature]

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.

N

54'- CASING
 2'- ABOVE GR
 50'- OPEN
 20 - BAGS CEMENT

6/21/79

BOX NUMBER: E 520, 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