

2/5/80 FILE  
APRVD  
P 30501 C.B.V  
A 25074

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-338715

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 1/22/80

Thomas Harris

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 472-4613

SUBDIVISION Justifiable ROAD 14763 Justifiable Court LOT 8

PROPERTY OWNER George Fichter Jennine Randall

ADDRESS 14763 Justifiable Court

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 200 SQ. FT. per bedroom in system.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 185 FT. FROM front LOT LINE AND 110 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM Justifiable Court.

Add a ditch off the dry well 11 ft. deep filled with 8 ft. of stone. The dry well cannot be over 15 ft. square. Extra area to be made by counting one side of ditch of two dry wells. 5 ft. earth buffer between dry well and trench. 2 inspections.

PLANS APPROVED BY R. Hodges DATE 1979

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.

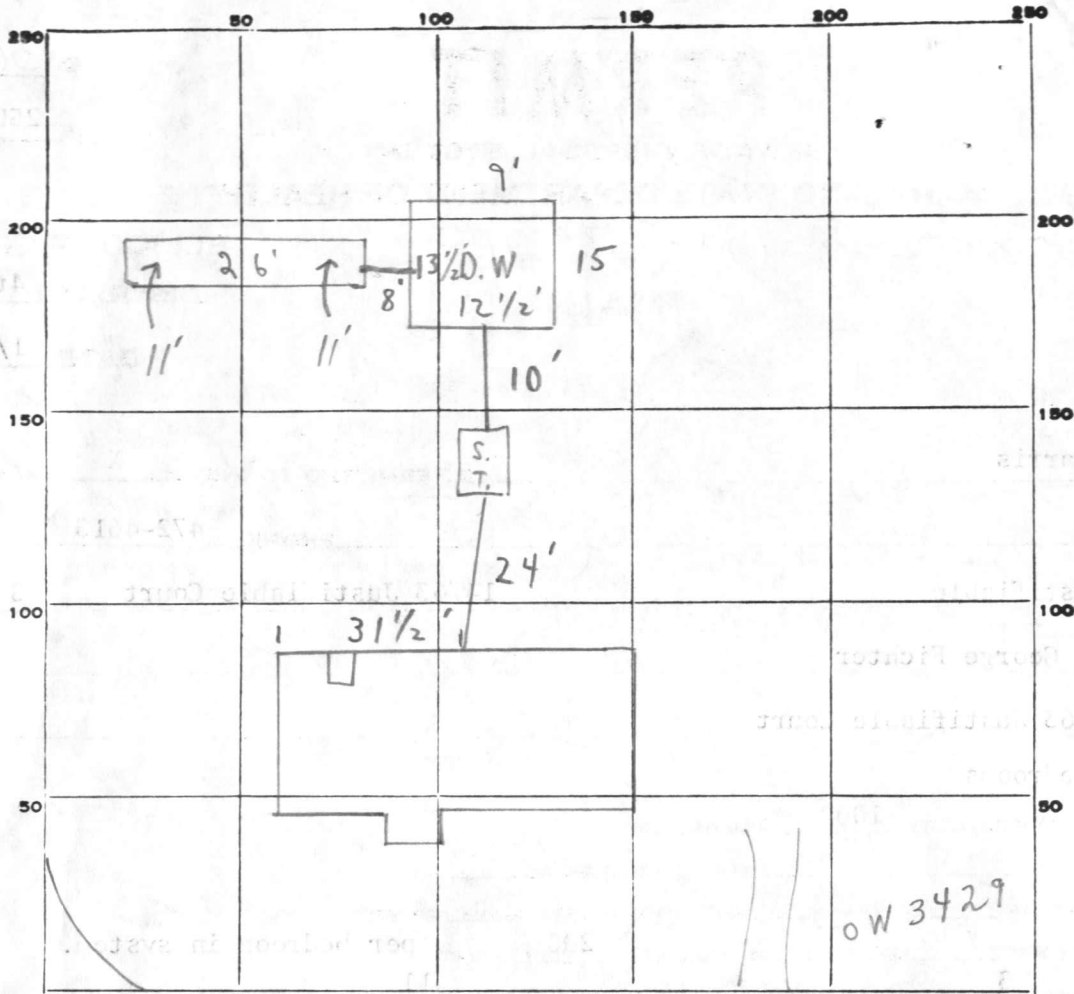
PERMIT VOID AFTER THREE YEARS.

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.

BUDG. PE... SIGNED  
AND RETURNED: 7/17/90  
Lynch # 34053  
deck

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

A 25074



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

JUSTIFIABLE COURT

PERMIT CARD  JUSTIFIABLE COURT

SEPTIC TANK, LEVEL  CLEANOUTS  S.T. / D.W.

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 26 FT. 208

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 8 FT. 400

ABSORBENT AREA 608 SQ. FT.

REMARKS 2/5/80 CHECKED TRENCH OK FOR STONE; OK TO COVER TO  
3' OF DRYWELL FROM HOUSE; SYSTEM COMPLETE  
 C.B.S. C.B.S.

DATE SYSTEM APPROVED 2/5/80 INSPECTOR C. B. Streaker

# APPLICATION

A 25074

SEWAGE DISPOSAL TESTING

P. \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 7th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 12/28/76

*See separate sheet for  
spec*

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 Gladys McDermott

ADDRESS Old Frederick Road Cooksville, Maryland PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Justifiable LOT NO. new lot 8

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acre TYPE BLDG. 3  
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 H. Thomas (James 747-283)

APPROVED BY Raymond Rader FOR Fairground Assoc. DATE 11/11/78  
(KIND OF SYSTEM)

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

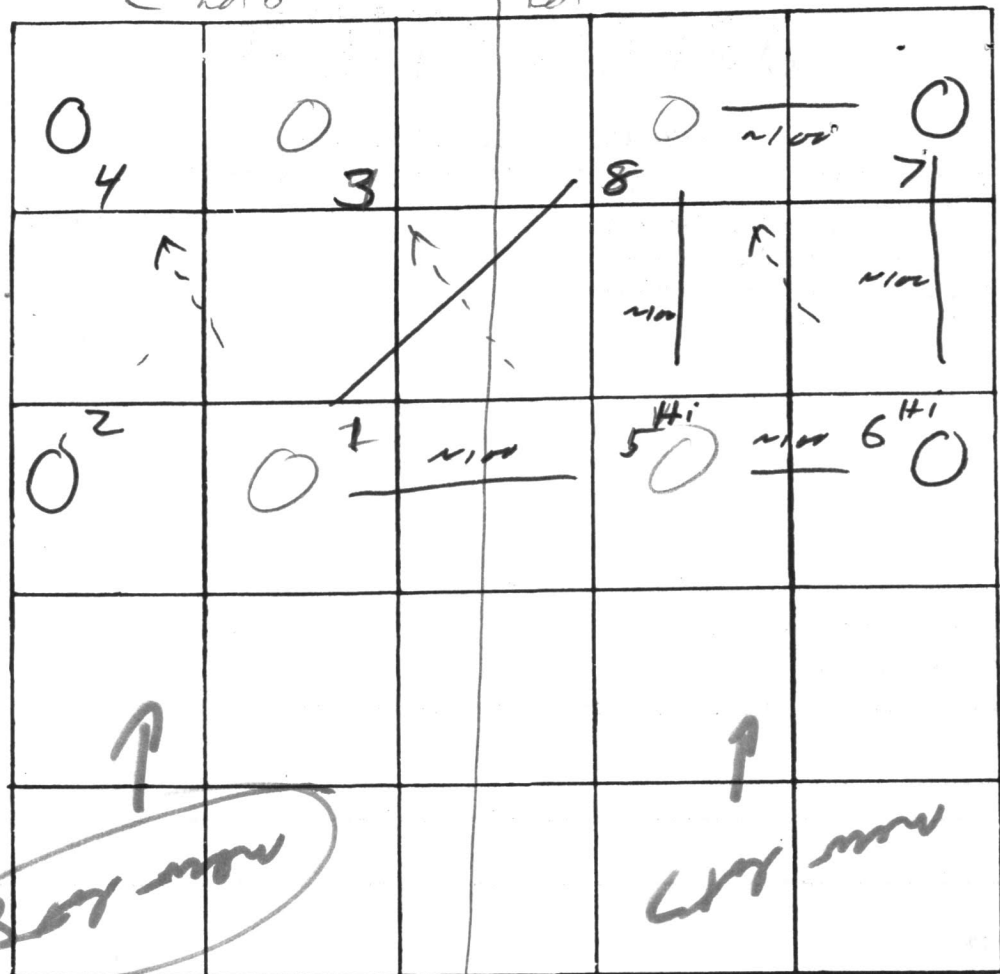
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

Final Plot signed on Oct 77

# THIS IS NOT A PERMIT

← Lot 8      Lot 9 →



1, 5, 6, 7, 8  
 0 ———  
 | clay  
 3-4 ———  
 | loamy  
 13 ———

↑  
 ↓  
 ↓  
 ↓

← RW →  
 [scribble]

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11 May 72	1	3	3 16	3 30	3 30	3 42	12
	1A	13	3 16	3 24	3 20	3 30	10
	2	5	3 18	3 34	3 34	4 00	26
	2A	10	3 18				
	3B	5	stopped	- sim	to 4	} not tested	
	4	10	soaky	(rocks)	4 (clay)		
12 May	5A	3	10 20	10 25	10 25	10 33	8
	8	3	10 23	10 36	10 36	10 54	18
		13	10 22	10 28	10 28	10 36	8
	7	13	Nis		sim 5		
	6	13	Nis		sim 5		
	8A						

Lot 9  
 11 min  
 pores

REMARKS DW @ #5 or #6 w/ trench in direction of #6 (or #1)  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY M ALSO PRESENT: \_\_\_\_\_

**B 1** 5524 SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 (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  
 40-733429  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
 9/19/79  
 9:30

OWNER: Smith, Michael  
 COL 15 LAST NAME COL 34 FIRST NAME  
 STREET OR RFD: 5780 Ft. Harford Rd  
 COL 36 COL 55  
 POST OFFICE: Elkridge City, Md 21043  
 COL 57 COL 76

**B 1** CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6  
 DATE: May 26, 1979 LICENSE NUMBER: 27377  
 FIRST NAME: Ralph DRILLER LAST NAME: MAYNE  
 SIGNATURE: Ralph Mayne

**B 3** **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6  
 COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21  
 SUBDIVISION: none Justifiable SD 42  
 SECTION: none LOT: 8 50  
 NEAREST TOWN: COOKSVILLE 52 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 7.5 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): 500 14 20

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

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

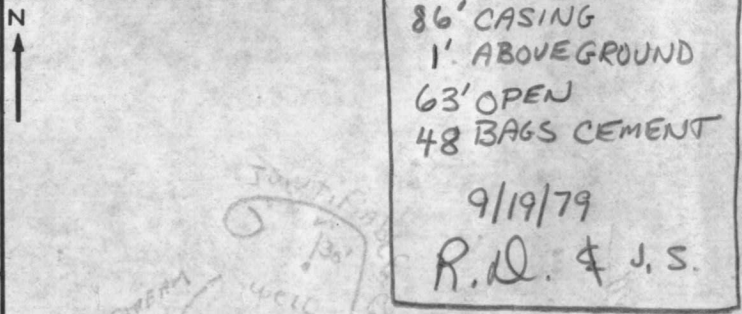
NEAR WHAT ROAD: Justifiable St  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N 32 S 32 E 32 W 32  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 30 34 37 38 39

**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

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.

APPROXIMATE DEPTH OF WELL: 150 24 28 FEET  
 APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)



**METHOD OF DRILLING USED** (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN  
 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.: 65  
 FORCE: WRITE INITIALS IN BOX CONDITIONS: A E N S G W Q C L U  
 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 790 N 540  
 NORTH COORDINATE: 50 51 52 53 54 55  
 EAST COORDINATE: 57 58 59 60 61 62 63  
 ELEVATION AT WELL HEAD (FEET): 65 66 67 68

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6  
 STATE HEALTH (CIRCLE BOX): S COUNTY NAME: Howard COUNTY NO.: A25074  
 DATE: MO. DAY YR. APPROVED BY: Donald N. Monaghan, Sanitarian

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

1 2 3 (SEQ. NO.) 6

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELLICOTT CITY, MD.

SEP 7 9 20 AM '79

PT/PIP  
50'p

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2049-2050

C 1 **4034** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COL'S. 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 A-25-074

DATE RECEIVED (WRA USE ONLY) Sept 16 1979 DEPTH OF WELL 145' PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3429

DATE WELL COMPLETED 15 22 (TO NEAREST FOOT) 26

DRILLERS IDENTIFICATION NO. 273

OWNER Smith Michael L FIRST NAME Michael L

STREET OR RFD 5796 Waterloo Rd POST OFFICE Ellicott City Md

**WELL DESCRIPTION**

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	
Top Soil	0	2	
Sandy	2	74	✓
Sand Stone	74	80	
Micka	80	90	
Sand Stone	90	95	✓
Micka	95	145	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 48 NO. OF POUNDS 4800

GALLONS OF WATER 288

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 63 measured FT.

**CASING RECORD**

CASING TYPES INSERT APPROPRIATE CODE BELOW

ST STEEL  CO CONCRETE

PL PLASTIC  OT OTHER

MAIN CASING TYPE  ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 810

**OTHER CASING (IF USED)**

DIAMETER (INCH) DEPTH (FEET) FROM TO


**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW

ST STEEL  BR BRASS OR BRONZE  HO OPEN HOLE

PL PLASTIC  OT OTHER

**SCREEN**

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	8	9	11	15	17	21
2						
3						

SLOT SIZE 1.     2.     3.    

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK    

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING  70 LOG INDICATOR  72 OTHER DATA AVAILABLE  74  75  76

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

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

BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 145 (NEAREST FOOT)

TYPE OF PUMP 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)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

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

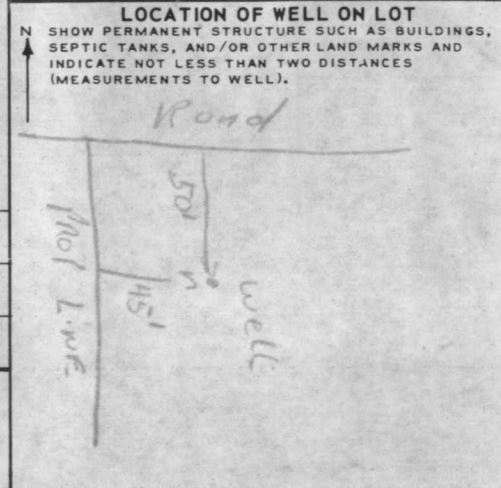
PUMP HORSE POWER     37     41

PUMP COLUMN LENGTH (NEAREST FOOT)     43     47

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

+ ABOVE } LAND SURFACE (NEAREST FOOT) 2

- BELOW }     49     50     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.

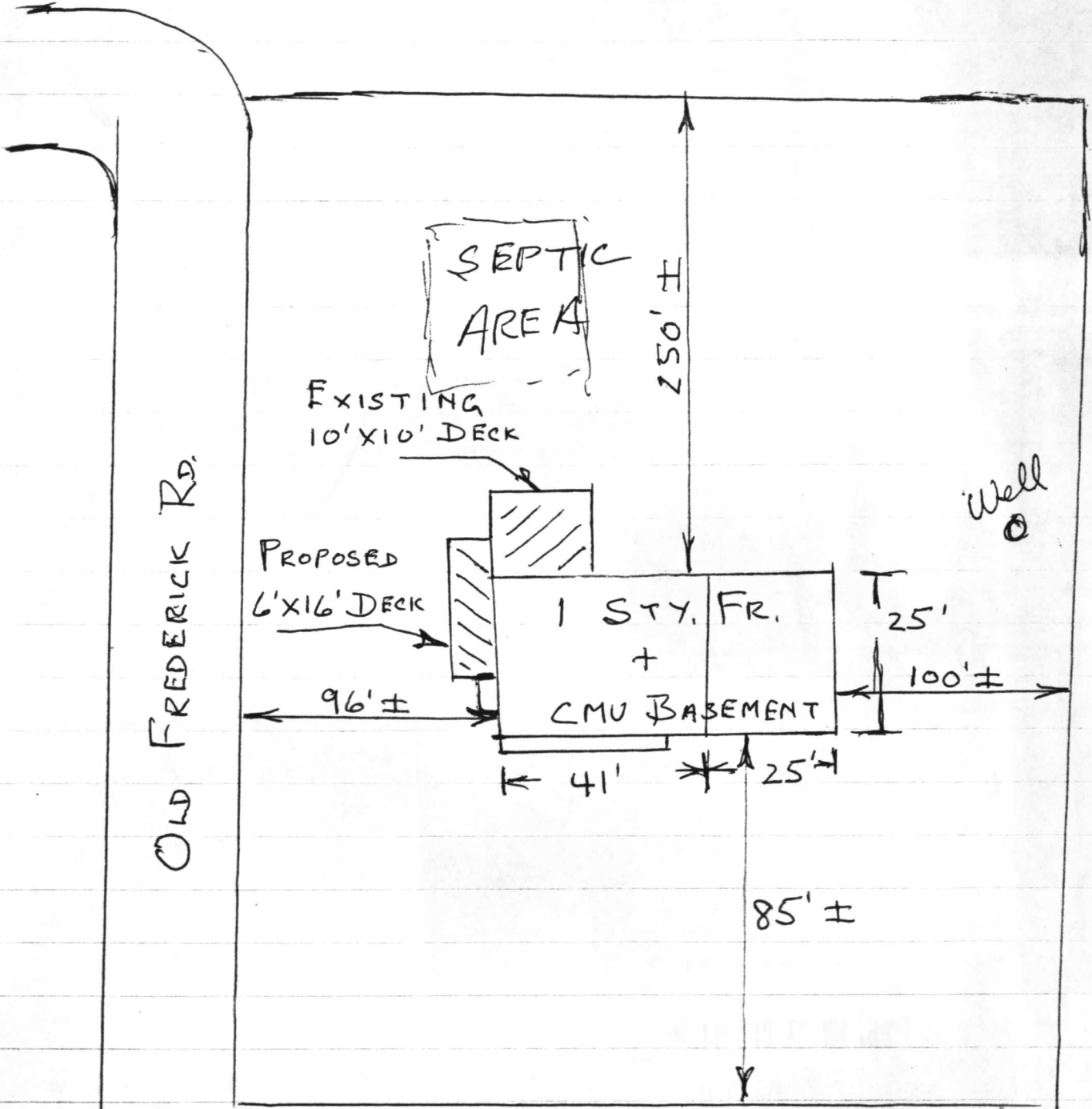
DRILLERS NAME Ralph Mayne

(PLEASE PRINT) Ralph Mayne

SIGNATURE Ralph Mayne







OLD FREDERICK RD.

SEPTIC AREA

EXISTING 10' X 10' DECK

PROPOSED 6' X 16' DECK

1 STY. FR.  
+  
CMU BASEMENT

Well

250' ±

25'

100' ±

96' ±

41'

25'

85' ±

14763  
JUSTIFIABLE COURT

4/17/98  
0/270 SIGN

Ms. JEANNE RANDALL

RH