

PERMIT

P 25731

A 25097

5/2/77
5/4/77
file approved

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-300269

ELLICOTT CITY

DISTRICT 3rd

DATE 4/25/77

INDEXED

Jim Brittingham

IS PERMITTED TO INSTALL ALTER

ADDRESS 3004 N. Rogers Ave., Ellicott City, Md. 21043 PHONE 461-1870

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 3825 Ivory Road LOT 6-B

PROPERTY OWNER Colony Seven Financial Corporation

ADDRESS 7699 Harford Road, Baltimore, Md. 21234 Phone: 465-5739

SPECIFICATIONS 3 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL AND TRENCH - Dry well to have 360 sq. ft. effective sidewall area. Inlet at 4 ft. and maximum depth 11½ ft. below original grade. Locate dry well 90 ft. from front lot line and 60 ft. from the right lot line as seen from Ivory Road. Trench to be 13 ft. long for a sidewall area of 90 sq. ft. Inlet at 4½ ft. and maximum depth 11½ ft. below original grade. Trench to come off the left side of dry well (as seen from Ivory Road) and follow the land's contour. NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING GRAVEL IN TRENCH. NOTE: IN NO CASE IS ANY DRY WELL TO EXCEED 15 FOOT IN DIAMETER. ~~CAST IRON CONCRETE~~ NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS. NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON,

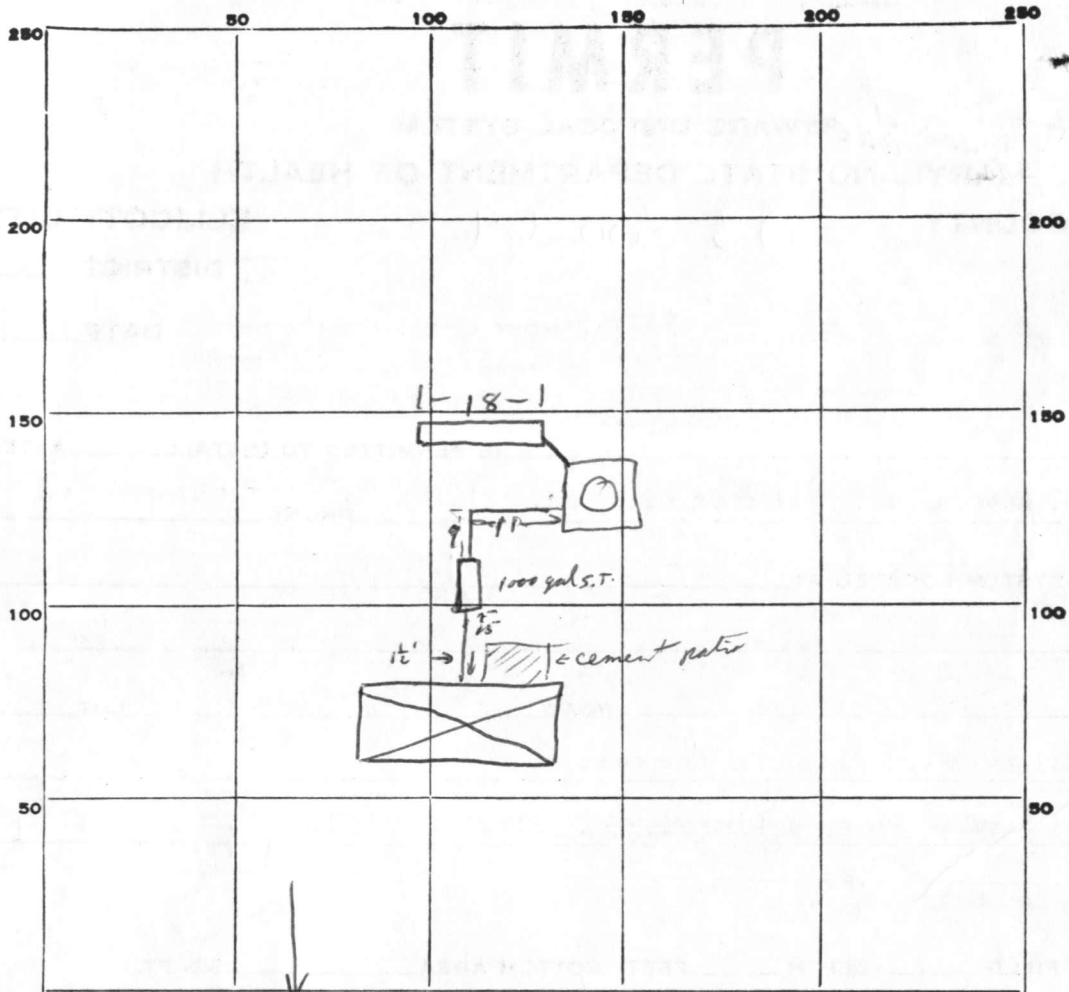
PLANS APPROVED BY Hal Benson DATE 11/24/76

~~CONCRETE~~ CONCRETE OR TERRA COTTA ACCEPTED.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A25097



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL 1000 gal CLEANOUTS

| | |
|----|----|
| ST | DW |
| ✓ | ✓ |

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 1 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT. TOTAL LENGTH 18 FT.

NUMBER OF TRENCHES 1 TOTAL sidewall BOTTOM AREA 126 sq ft

SEEPAGE PITS, Perimeter INSIDE DIAMETER 48' FT. DEPTH BELOW INLET 7 1/2' FT.

ABSORBENT AREA 360+ SQ. FT.

18
7
126

48
7 1/2
336
24

REMARKS ^{3 May 77} 1) install cleanouts 2) finish cementing pipe to S.T. 3) finish putting stone in D.W. 4) put stone in trench RM

5/4/77 AM No change fr. 5/3 inst. WWB

5/4/77 PM OK to cover system. WWB

DATE SYSTEM APPROVED 5/4/77 INSPECTOR Walter Ho Jupp

APPLICATION

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

A _____

P _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 6B

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)

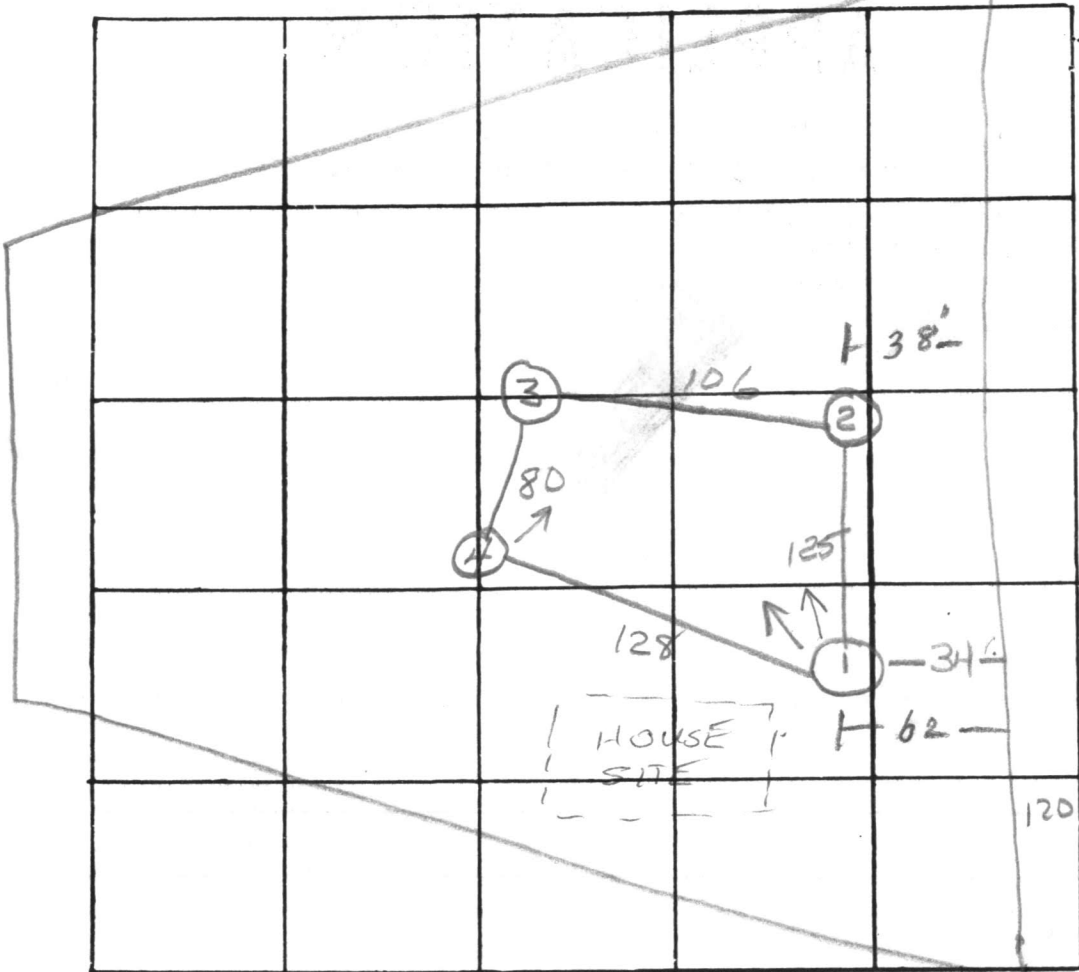
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



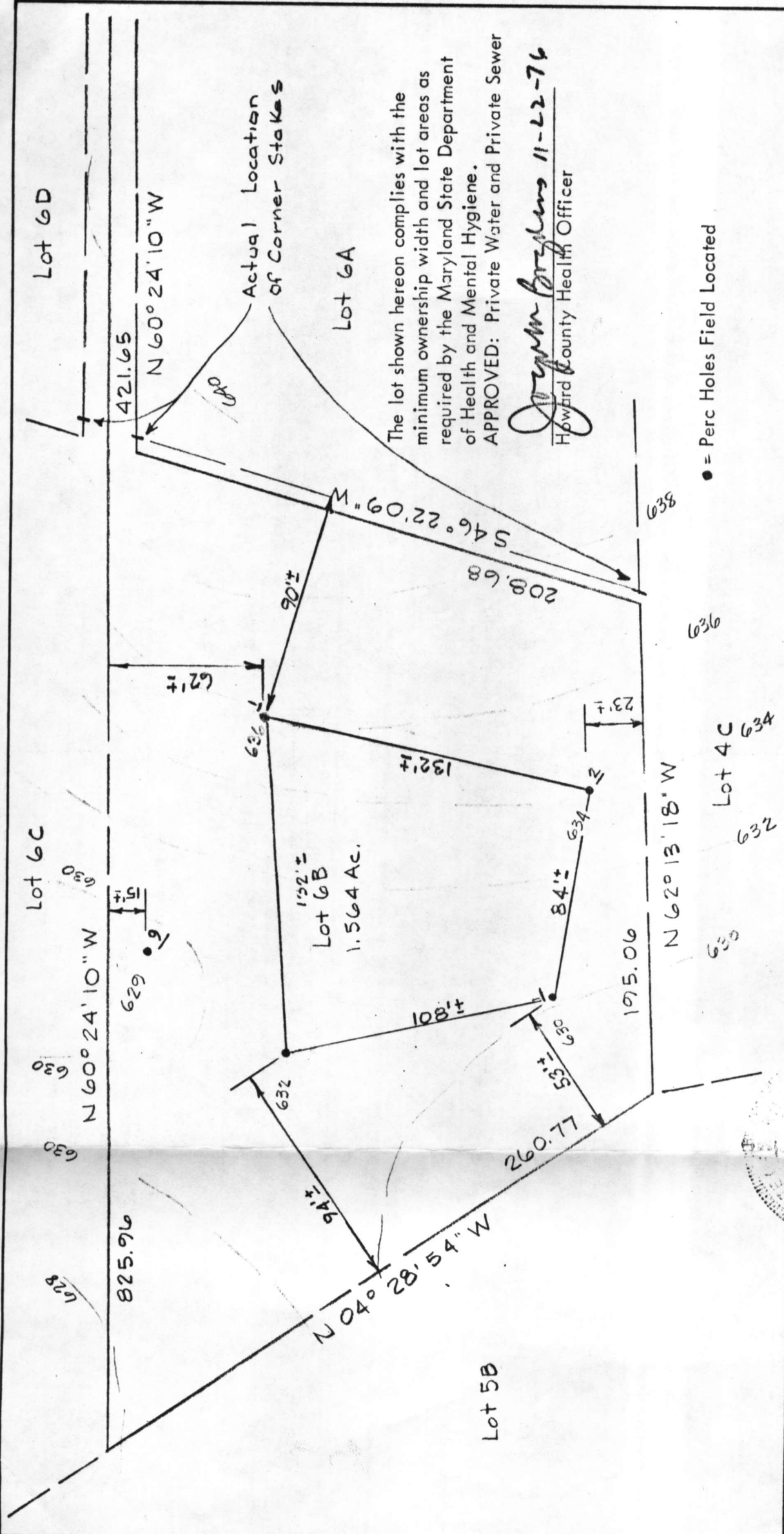
Lot
6B

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

12 min

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------|------------------------|-------|----------------|-------|------|
| | | | START | STOP | START | STOP | |
| 10/5/76 | 1-A | 4 | 11:25 | 11:28 | 11:28 | 11:34 | 6 |
| | | 13 | 11:25 | 11:34 | 11:34 | 11:42 | 8 |
| " | 2-A | 4 | 11:43 | 11:49 | 11:49 | 12:03 | 14 |
| | | 13 1/2 | 11:42 | 11:49 | 11:49 | 12:03 | 14 |
| " | 3-A | 4 1/2 | 11:55 | 12:04 | | | 28 |
| | | 13 | 11:55 | 12:03 | 12:03 | 12:08 | 5 |
| | 4 | 12 1/2 | Visual; sim. soil; dry | | | | — |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____
 TYPE OF SOIL Sandy-loam
 TESTED BY wwz & hb ALSO PRESENT: Parlette



The lot shown hereon complies with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.
 APPROVED: Private Water and Private Sewer

Joseph Brylows
 Howard County Health Officer

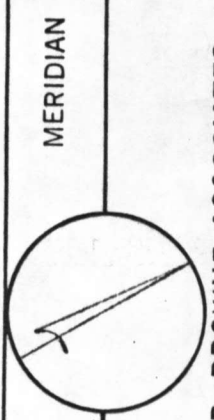
● = Perc Holes Field Located

MAP OF PROPERTY OF
 HOWARD ASSOC.

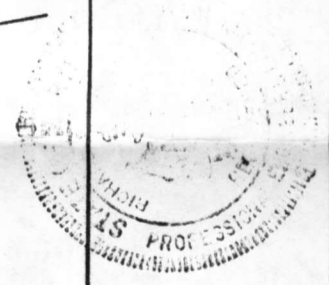
SITUATED IN

3rd Election District Howard County, Md.

SCALE: 1" = 50' DATE:

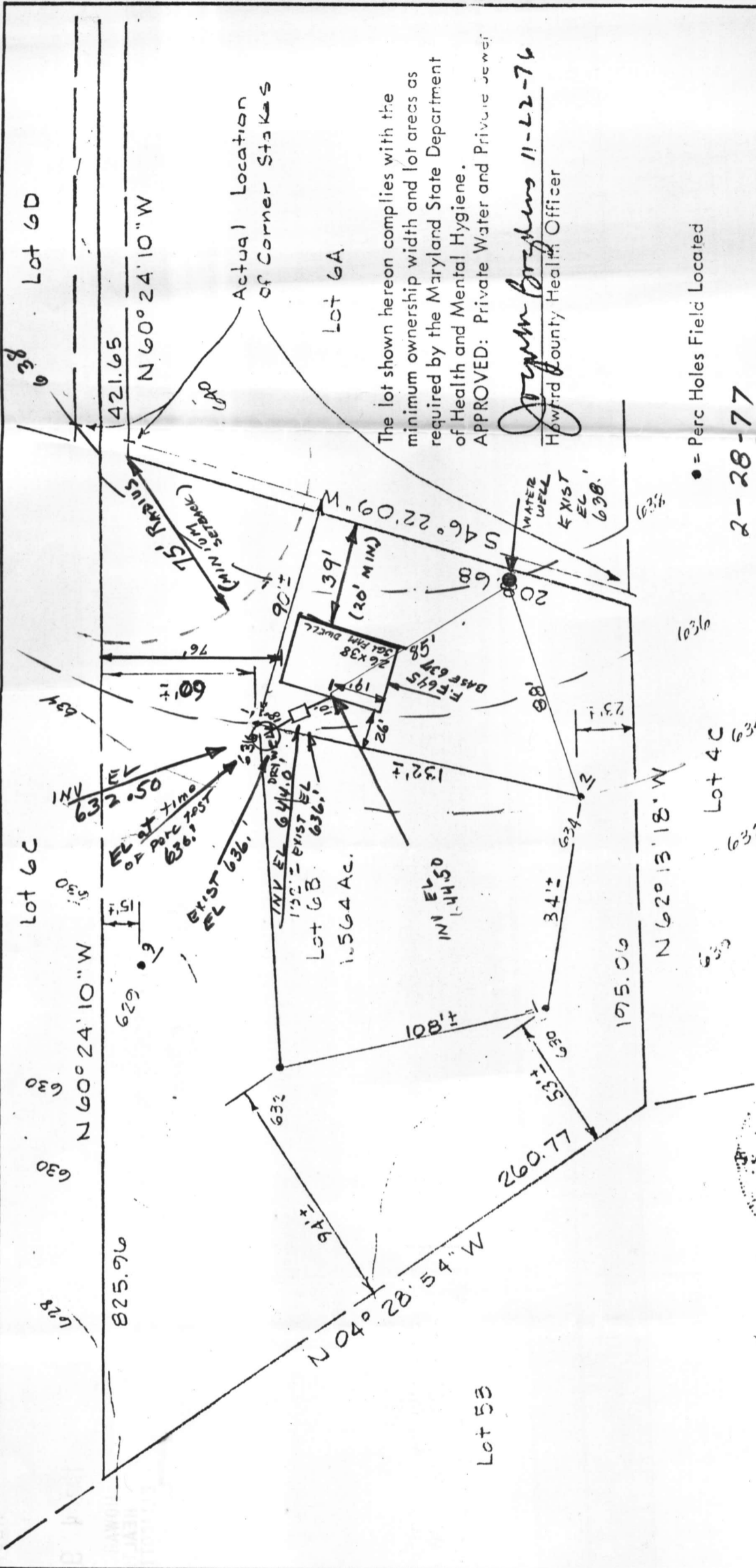


RICHARD P. BROWNE ASSOCIATES
 CONSULTING ENGINEERS, PLANNERS
 WAYNE, N.J. COLUMBIA, MD.



No. 2631

PROJECT No. 447 W. O. No. 2631



The lot shown hereon complies with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.
 APPROVED: Private Water and Private Sewer

John M. Browne
 Howard County Health Officer

● = Perc Holes Field Located

2-28-77

REVISED DRAWING FOR LOT 6B, 3825 IVORY ROAD



Richard P. Browne

No. 3233

REFERENCE



MERIDIAN

RICHARD P. BROWNE ASSOCIATES
 CONSULTING ENGINEERS, PLANNERS
 WAYNE, N.J. COLUMBIA, MD.

MAP OF PROPERTY OF

~~HOWARD ASSOC.~~
 COLONY SEVEN FINANCIAL CORP
 HOWARD CO. BLDG PERMIT # 30443
 SITUATED IN

BLDG PERMIT ISSUED 1-17-77

3rd Election District Howard County, Md.

SCALE: 1" = 50' DATE:

RECEIVED

MAR 4 9 05 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

12/18

7

2

5. 10. 15.

1. 6. 11.

10 11 12 13 14 15

16 17 18 19 20

21 22 23 24 25

B 1 **9663** SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION **A25007** WRA PERMIT NUMBER **4073-1951**

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
4/26/77 9:30am

OWNER ROBERT A. DORSEY JR. SONS INC. COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 9926 CYPRESSMEDE COL 36 COL. 55

POST OFFICE ELLCOTT CITY, MD 21043 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE MARCH 9, 1977 **LICENSE NUMBER** 12613

FIRST NAME GEORGE HARRIS **DRILLER** SONS CORP **LAST NAME**

SIGNATURE Sanby B. Perkins

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 **LOT** 6B 50

NEAREST TOWN GLENELG 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 M I 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) 750 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 3825 IVORY ROAD

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 80 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

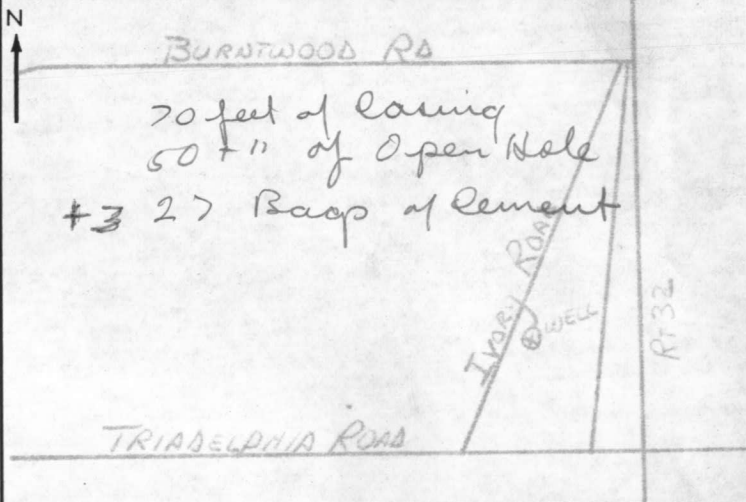
P PRIVATE WATER COMPANY }

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 FEET 24 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)

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

41 52

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

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63

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

BOX NUMBER E 800 N 520

NORTH COORDINATE 5200000 50 51 52 53 54 55

EAST COORDINATE 0800000 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6 Howard W25445

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

MO. DAY YR. 5 18 77

DATE APPROVED BY Fred Frommelt, Sanitarian

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

1 2 3 (SEQ. NO.) 6

465-5739

RECEIVED

MAR 30 9 04 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

C 1 **4468** 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 WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 4-22-77

DEPTH OF WELL 200

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-1951

DRILLERS IDENTIFICATION NO. 120

OWNER ROBERT L. DORSEY + SON LAST NAME FIRST NAME

STREET OR RFD 9926 CYPRESS MEDE POST OFFICE ELLCOTT CITY, MD.

WELL DESCRIPTION

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 | |
| <u>OVERBURDEN</u> | <u>0</u> | <u>6</u> | |
| <u>BROWN SHALE</u> | <u>6</u> | <u>68</u> | |
| <u>GRAY ROCK</u> | <u>68</u> | <u>200 x</u> | |

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

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

NO. OF BAGS 30 NO. OF POUNDS 3000

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 70 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 70

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

| FROM | TO |
|-------------------|------------|
| <u>10</u> | <u>200</u> |
| 8 9 11 15 17 21 | |
| 23 24 26 30 32 36 | |
| 38 39 41 45 47 51 | |

SLOT SIZE 1, _____ 2, 1/8" 3, _____

DIAMETER OF SCREEN _____ (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 54 (NEAREST FOOT)
 WHEN PUMPING 180 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET 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) YES NO

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)
 BELOW } 1

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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) G. EDGAR HARR SONS CORP.

SIGNATURE G. Edgar Harr

PITLESS ADAPTER

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

NY 2 9 35 AM '77

DIVISION OF
ENVIRONMENTAL
HEALTH