

PERMIT

P 25727

A 25099

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-287556

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 4/25/77

Jim Brittingham

IS PERMITTED TO INSTALL ALTER

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

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 3849 Ivory Road LOT 6-D

PROPERTY OWNER Robert L. Dorsey & Son, Inc.

ADDRESS _____

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%.

Inlet on trench to be at 4½ ft. and maximum depth 12 ft. below original grade.

OTHER DRY WELL AND TRENCH - Dry well to have 288 sq. ft. effective absorbent sidewall area.

Inlet at 4 ft. and maximum depth 12 ft. below original grade. Effective area to start

below first 6 ft. below grade - 140 ft. from front lot line and 30 ft. from left side

line as seen from Ivory Road. Trench to be 40 ft. long for a sidewall area of 237 sq.

ft. Trench to run perpendicular to Ivory Road. Trench to come off dry well in the

direction of the rear lot line. NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING

STONE IN TRENCH. NOTE: IN NO CASE IS ANY DRY WELL TO 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

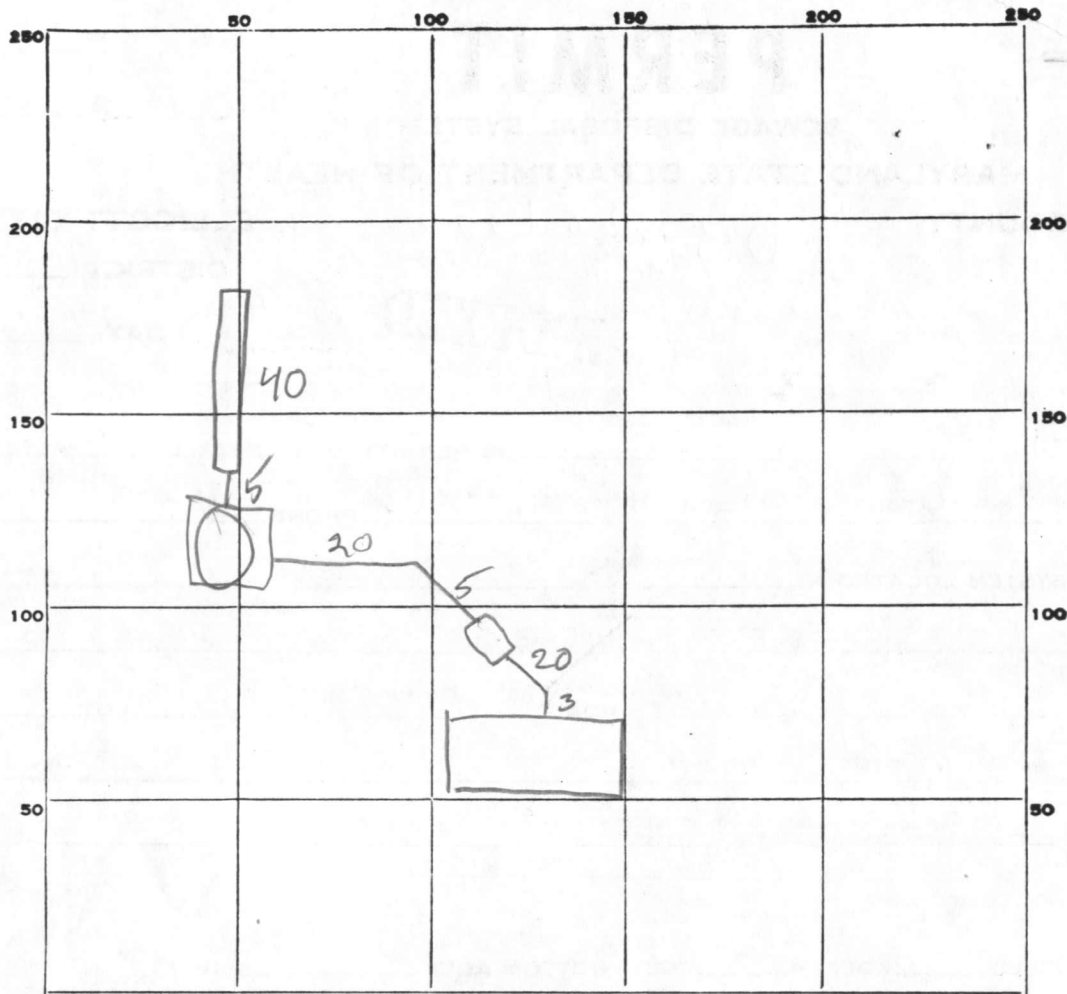
BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Hal Benson DATE 11/24/76

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.

A 25099



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Quincy

SEPTIC TANK, LEVEL

CLEANOUTS DW / ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7.5 IN. TOTAL LENGTH 40 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 240

SEEPAGE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 8 FT. count 6

ABSORBENT AREA 300 SQ. FT. 540

REMARKS _____

DATE SYSTEM APPROVED 27 Apr 77

INSPECTOR R. Brigg

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 _____

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. 60

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 _____

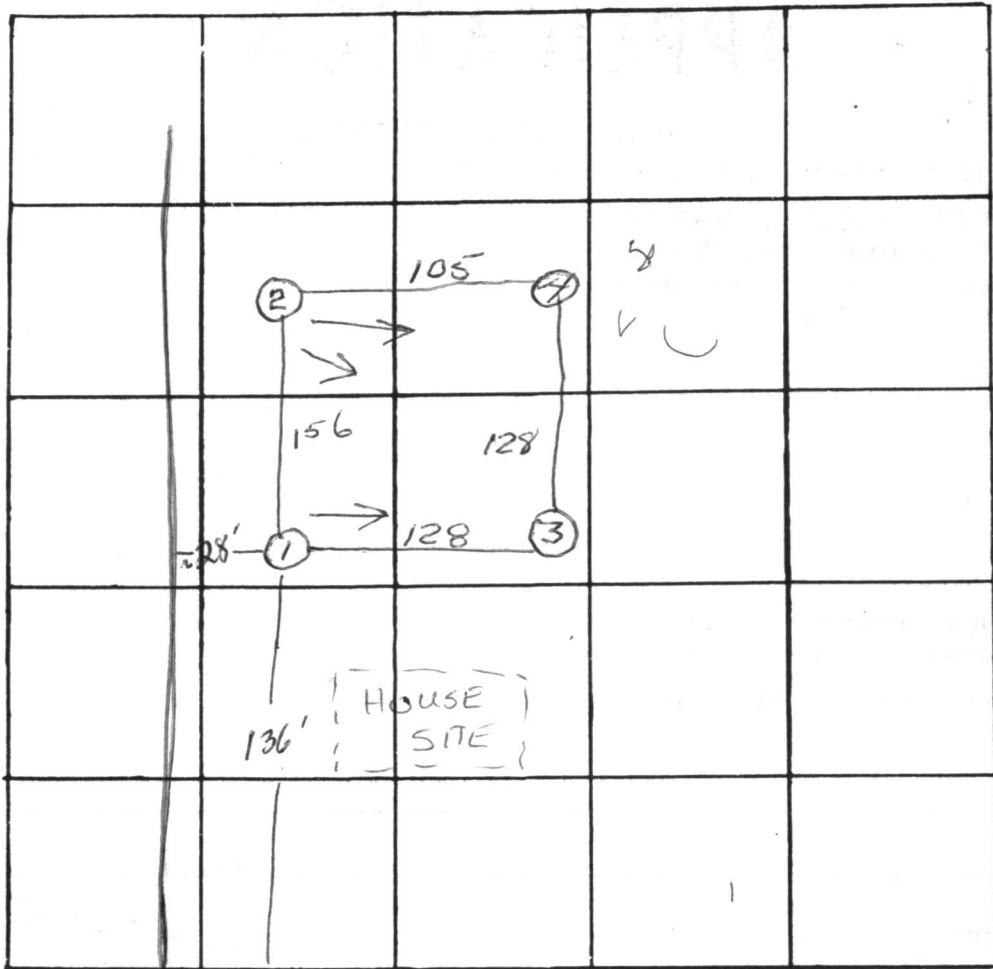
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

5' clay
13' red loam mix



Note
good soil
starts at
4 1/2' at hole 4

Lot 6D

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

N ← IVORY RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/5/76	1	4	9:53	NO	movement	pulled at 10:20		
	1-A	13	9:53	10:05	10:05	10:21	16	
"	2	12	SIMILAR SOIL - DRY					
"	3	5	10:03	NO PERC				
	3-A	13	10:03	10:16	10:16	10:36	20	
"	4	5 1/2	10:22	10:26	10:26	10:29	3	
	4-A	13	10:22	10:30	10:30	10:36	6	
"	2	5	10:38	10:52	10:52	11:03	11	
	2A	13	10:38	10:52	10:52	11:03	11	
	3-B	7	2:04	2:15	2:15	2:45	30	
	3-C	14	Hole 3-A dug to 14'; dry					
	1-B	6 1/2	2:13	2:30	2:30	2:59	29	

16 min

REMARKS Use 1 → 2 for SS; 2 is best hole on high side
 TYPE OF SOIL red clay, loam
 TESTED BY bz and hb ALSO PRESENT: Parlette

N 58° 32' 55" W

417.79

N 46° 22' 09" E
208.68

Lot 6C

Lot 6D
1.869 Ac.

N 46° 22' 09" E
194.56
IVORY ROAD

421.65

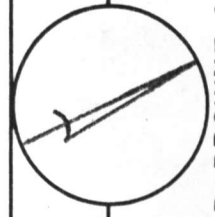
N 60° 24' 10" W

Lot 6B

Lot 6A

REFERENCE

MERIDIAN



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

No. _____

PROJECT No. 4047 W. O. No. 2031

MAP OF PROPERTY OF
HOWARD ASSOC.

SITUATED IN

Howard Co., Md.

DATE:

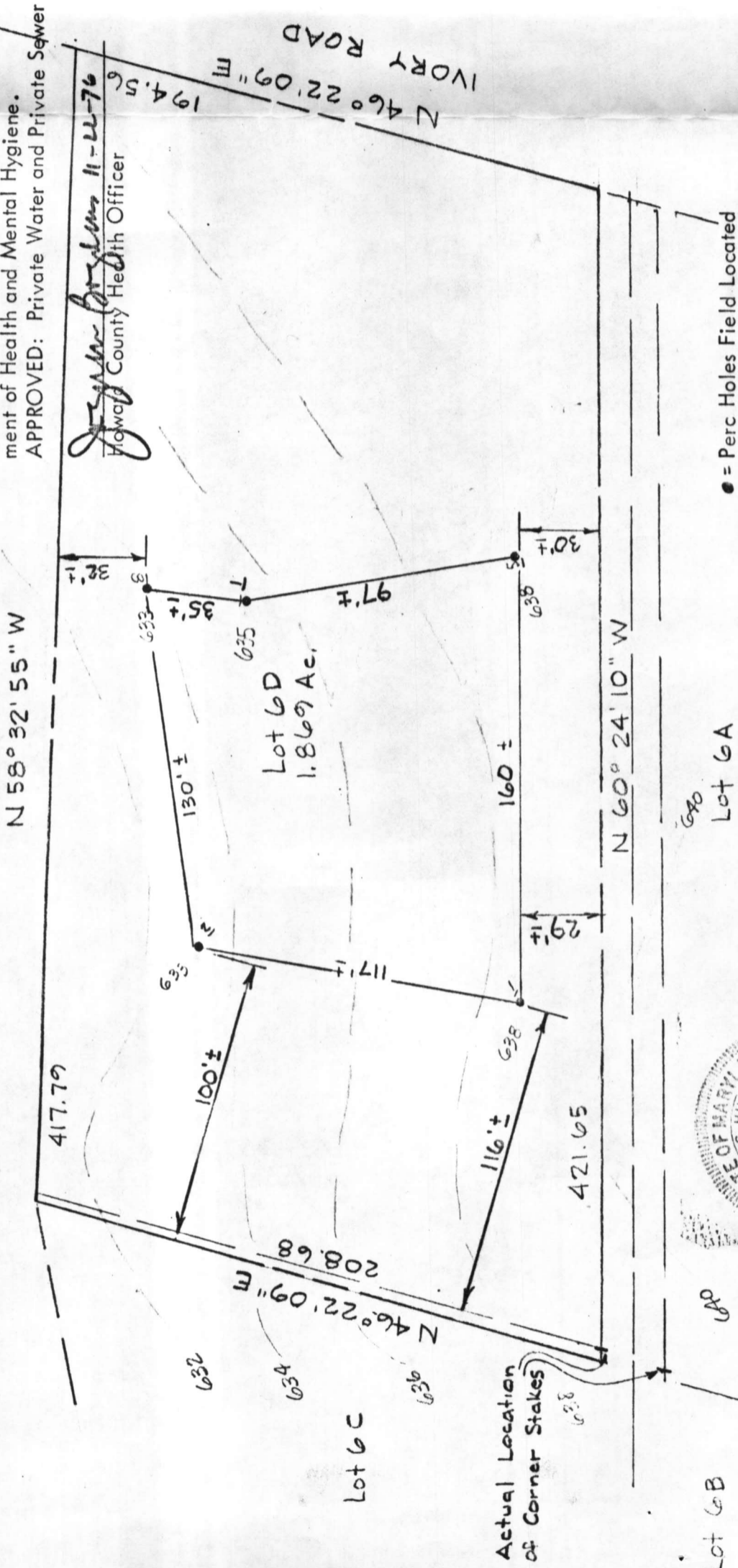
3rd Election Dist.


SCALE: 1" = 50'

DRAWN MK CHECKED _____

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

Richard P. Browne
 Howard County Health Officer



REFERENCE 	MERIDIAN	MAP OF PROPERTY OF HOWARD ASSOC SITUATED IN	3rd Election Dist. SCALE: 1" = 50' DATE:
RICHARD P. BROWNE ASSOCIATES CONSULTING ENGINEERS, PLANNERS WAYNE, N.J.		DRAWN MK CHECKED	
PROJECT No. 4247 W O No. 2031		No. 76	

Richard P. Browne

B 1 9658

SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER

4073-1946

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

4/23 9:30 a.m. 4/26/77

OWNER: ROBERT A. DORSEY + SON INC. COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD: 9926 Cypress LAKE COL 36 POST OFFICE: ELLICOTT CITY MARYLAND 21043 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

DATE: MARCH 9, 1977 LICENSE NUMBER: 120 77 80 FIRST NAME: CEDGAR HARR LAST NAME: SONS CORP DRILLER SIGNATURE: [Signature]

B 3 LOCATION OF WELL

COUNTY: HOWARD (DO NOT ABBREVIATE COUNTY NAME) SUBDIVISION: 23 SECTION: 44 LOT: 6D 48 50 NEAREST TOWN: GLENDELG MILES FROM TOWN (ENTER 0 IF IN TOWN): 73 76 77 78

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 750 14 20

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 P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NORTH EAST NE NORTHEAST SE SOUTHEAST SOUTH WEST SW SOUTHWEST NEAR WHAT ROAD: 3849 IVORY ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): E DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 80 34 37 38 39

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

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): 41 52

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

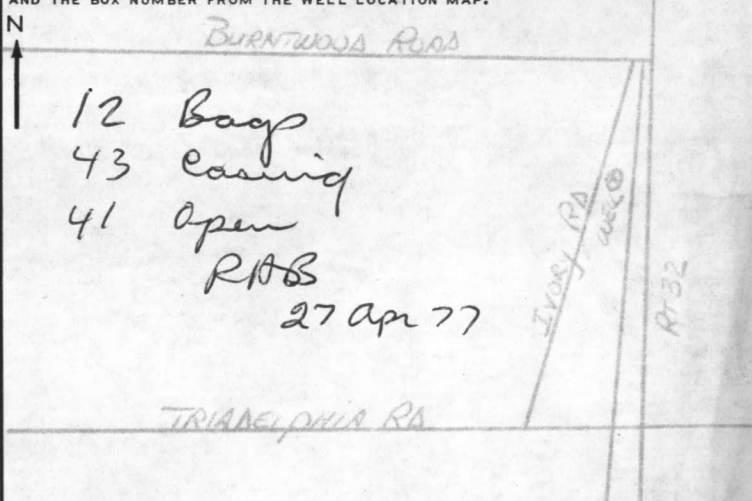
APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 65 FORCE: WRITE INITIALS IN BOX CONDITIONS: A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX): S COUNTY NAME: Howard COUNTY NO.: W25446 MO. DAY YR.: 3 18 77 APPROVED BY: Fred Frommelt, Sanitarian

BOX NUMBER: E 800 N 520 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

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.



12 Bagp
43 casing
41 open
RAB
27 Apr 77

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

1 2 3 (SEQ. NO.) 6

465-5739

C 1 **4466** 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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 4-19-72 DEPTH OF WELL 125 PERMIT NO. FROM "PERMIT TO DRILL WELL" 710-73-1995

DATE WELL COMPLETED 4-19-72 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 120

OWNER ROBERT L BORSEY + SON LAST NAME FIRST NAME ELLSWORTH CITY, MARYLAND

STREET OR RFD 9926 CYPRESSMEDE POST OFFICE

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>7</u>	
<u>BROWN SHALE</u>	<u>7</u>	<u>41</u>	
<u>GRAY ROCK</u>	<u>41</u>	<u>125 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 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 43 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) 43

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 12

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 31 (NEAREST FOOT)
 WHEN PUMPING 110 (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)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW LAND SURFACE (NEAREST FOOT) 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 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 GEDGAR HARR SONS CORP.

SIGNATURE Sandy B. Coe

PITLESS ADAPTEK

DIVISION OF
ENVIRONMENTAL
HEALTH

MAY 2 9 35 AM '77

RECEIVED
HOWARD COUNTY
HEALTH DEPT.