

12/7/78
12/6/78
12/8/78

12/6/78 P.C.O.
C.B.D.

PERMIT

File

P 28689

A 26440

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

04-338 235

ELLICOTT CITY

DISTRICT 4th

DATE 8/15/78

INDEXED

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 655 Long Corner Road LOT 3

PROPERTY OWNER D.L. Keplinger

ADDRESS 27517 Ridge Road, Damascus, 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

INLET PIPE 4-4 1/2" FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 4 1/2 FT. BELOW ORIGINAL GRADE. 12' at site c.B.D.

LOCATE DISPOSAL AREA 10 FT. FROM right LOT LINE AND 120 FT. FROM front LOT LINE AS SEEN WHEN FACING LOT FROM the road.

If trench is used in conjunction with dry well, trench to start 15 ft. from right and 15-20 ft. from the dry well (approx. 100 ft. from road) and run on contour.

PLANS APPROVED BY Fred Frommelt DATE 1/6/78

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.

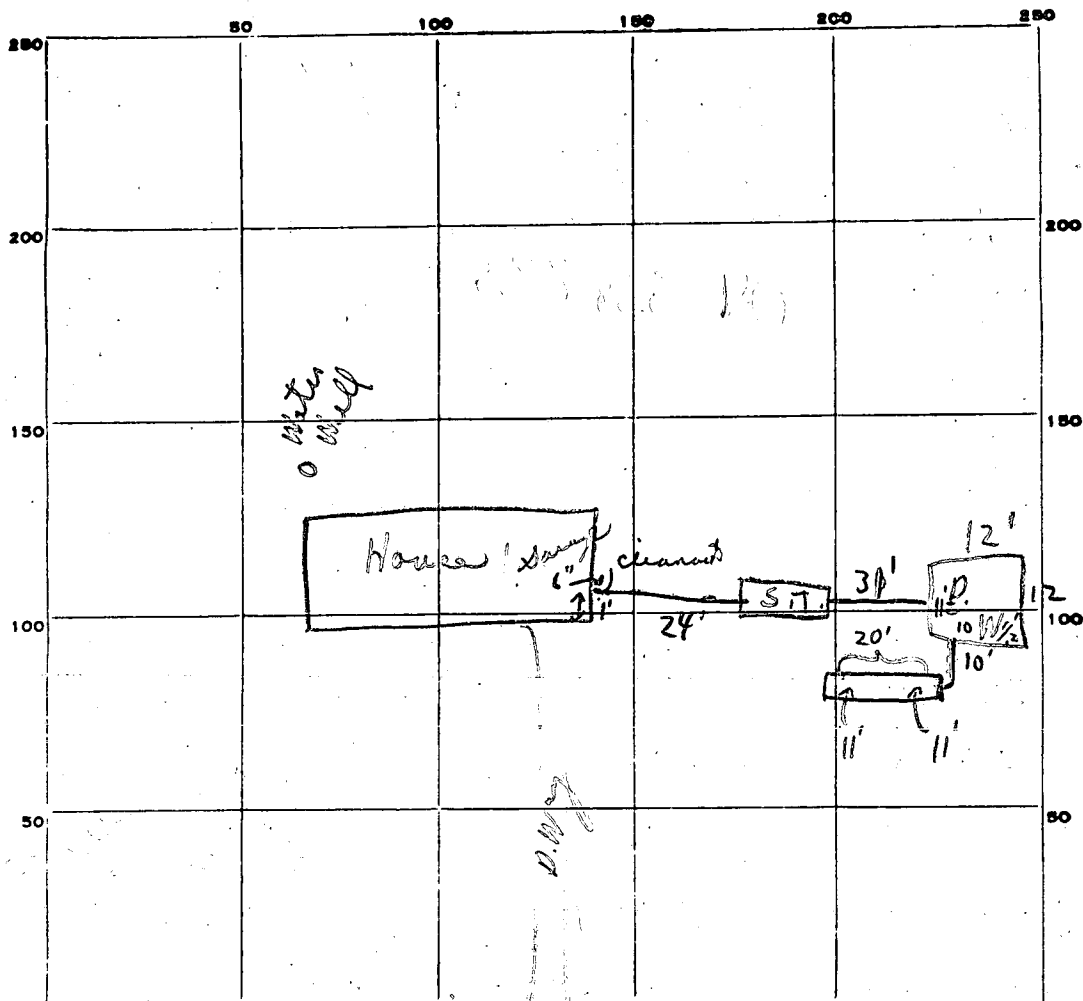
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 26440



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Yes improved drainage Corners Rd
 (Yes, in front of house) S.T. | D.W.

SEPTIC TANK, LEVEL ok CLEANOUTS 1 No | 1 No

DISTRIBUTION BOX, LEVEL N/A 12/8/78 2 Yes Terra Cotta

Trench

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

GRAVEL DEPTH 7 + 1 IN. TOTAL LENGTH 20 FT. (140)

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA -

SEEPAGE PITS, INSIDE DIAMETER outside perverts 45 1/2 FT. DEPTH BELOW INLET 7.5 FT. (341)

ABSORBENT AREA 461 + SQ. FT.

REMARKS 12/6/78 Partial No pipes in from house, to tank the tank
to drywell; No stones to block in dry well this date
Obs. to measure only 1 side of drywell pile of
lime on other side; checked ok for slope C.B.S.

12/8/78 Checked P.M. found - papers on trench to 3 1/2' of surface
avg. Rest of system ready for final.

DATE SYSTEM APPROVED 12/8/78 INSPECTOR C.B. Steaker

Van Sant Plumbing
APPLICATION

PRELIMINARY

A 26440

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

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

DATE 7/19/77

Septic tank 1000 gal. - 3 BR.
1250 gal. - 4 BR.

1-6-78. Buildable with acceptable house site & elevations T.F.
drywell - 150 sq. ft. per bedroom

Inlet max. 3 ft. below original grade shortest area to start 4 1/2 ft. below original grade max. total
depth below original grade 10 ft.

location - 10 ft. from right side line and 120' from front lot line (150' from center of road)
as seen when facing lot from the road.

- if trench used in conjunction with drywell, trench to start 15 ft. from right and 15 ft. from 20 ft.
from drywell (approx. 100 ft. from road) and run on constant elevation
2 trenches

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 Lee E. & Joyce E. Mummau

W. L. Keplinger

ADDRESS Route 1, Holtwood, Pa. 17532

PHONE _____

PROPERTY LOCATION: 8713 Oakmont Street

SUBDIVISION: Gaithersburg Md. 20760

20750

ROAD AND DESCRIPTION: Route 144 and Long Corner Road # 655

Mt. Airy, Md.

SIZE OF LOT 3.000 acres

TYPE BLDG. 3 or 4 bedrooms

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/ Lee E. Mummau

BLDG. PERMIT SIGNED
AND RETURNED 7/26/78

Serial No. 36582

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

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

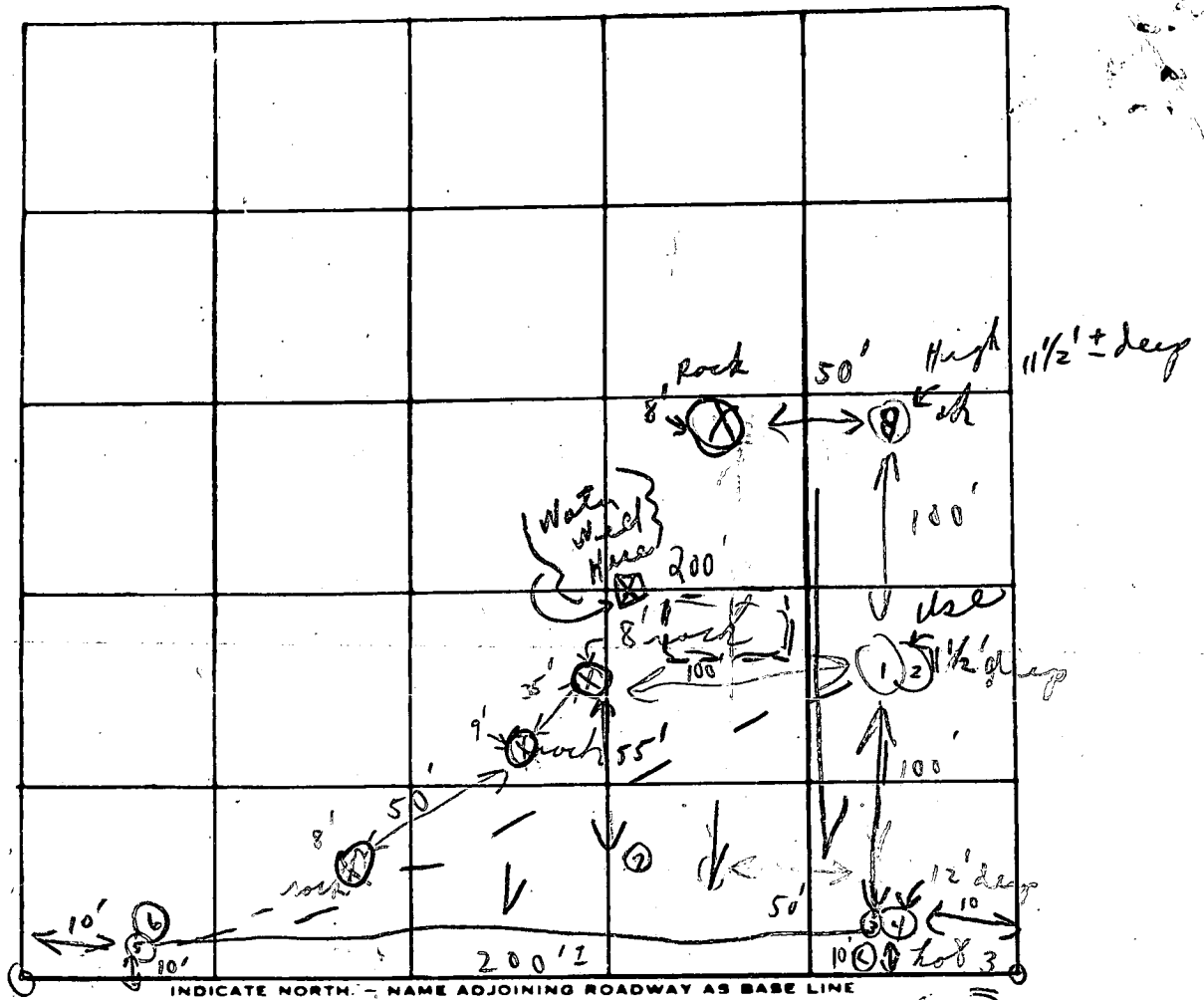
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/5/77 for certified holes.

CBP

AP # 36582

THIS IS NOT A PERMIT



Long Corner Rd

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/5/77	1	5'	11:28	11:33	11:33	11:44	11m	
	(1) 2	12'	11:30	11:33	11:33	11:44	11m	
	3	5'	11:15	11:26	11:26	11:55	29m	
	(2) 4	13'	11:18	11:22	11:22	11:36	14m	
	5	5'	11:38	11:40	11:40	11:45	5	
	(3) 6	13' P	11:41	11:43	11:43	11:46	3	
	Net 7	12 1/2'	Visual similar to other					
	8	1 1/2' ok	visual					

Soil 3' deep
high
Good ground
5'

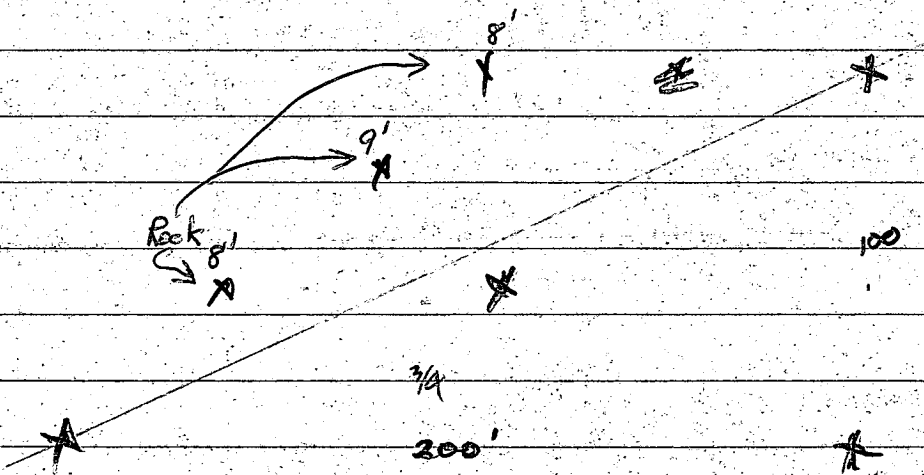
Loam
& weathered material below clay

REMARKS Open field Farthest from Rt 144 ; "Hot" - Hold for certified holes

TYPE OF SOIL _____

TESTED BY CBC ALSO PRESENT: Dickerson

Rock 8' 1



11
29
14
5
3

$\sqrt{2'3}$
12

1" = 50'

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) -

1 2 3 (SEQ. NO.) 0 1 2 3 4 5 6 7 8 9 0 THE NUMBER IS TO BE PUNCHED IN EACH OF 3-6 ON ALL CARDS)	SEQUENCE NO. (WRA USE ONLY) 8054	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAVES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) **6/13/78**
9:30 A.M.

OWNER **KEPLINGER L. DENNIS**
COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD **8713 OAKMONT Street**
COL 36 COL. 55

POST OFFICE **Grithersburg Md. 20760**
COL 57 COL. 76

1 CONTINUED DRILLER INFORMATION

DATE **MAY 31, 1978** LICENSE NUMBER **223**
77 80

FIRST NAME **RALPH MAYNE** DRILLER LAST NAME

SIGNATURE **Ralph Mayne**

3 LOCATION OF WELL

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION **Murman Property** 23 42

SECTION **None** LOT **3** 44 46 48 50

NEAREST TOWN **Poplar Springs** 62 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) **2** 73 76 77 78

2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **500** 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

4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NORTH EAST NORTHWEST SOUTHWEST

SOUTH WEST NORTHWEST SOUTHWEST

NEAR WHAT ROAD **Md. 144**

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **200** 34 37 38 39

APPROXIMATE DEPTH OF WELL **150** FEET 24 20

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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, 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.

35' casing
35' measured
2' open
9 bags (GLK) 13 June 78
md. 144

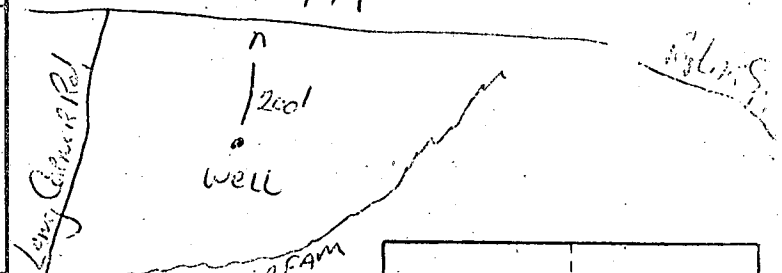
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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) **368**



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

APPROPRIATION DISTRICT NUMBER **04** ENGINEER REVIEW DISTRICT NO. **03**

FORCE **07** WRITE INITIALS IN BOX **08** CONDITIONS **09** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19**

BOX NUMBER **760** **550**

NORTH COORDINATE **50** **51** **52** **53** **54** **55**

EAST COORDINATE **57** **58** **59** **60** **61** **62** **63**

4 CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX) **Howard** COUNTY NAME **W28124** COUNTY NO.

NO. DAY YR. **10** **11** **78**

NORTH COORDINATE **50** **51** **52** **53** **54** **55**

EAST COORDINATE **57** **58** **59** **60** **61** **62** **63**

B 1	8054	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 40-732824
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY)	OWNER: <u>KEPLINGER L. DENNIS</u>			
	COL 15 LAST NAME	FIRST NAME	COL. 34	
	STREET OR RFD: <u>8713 Oakmont Street</u>			
	COL 36	COL. 56		
	POST OFFICE: <u>Gaithersburg Md 20760</u>			
	COL 57	COL. 76		

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	<u>MAY 31 1978</u>	LICENSE NUMBER
	<u>223</u>	77 80
FIRST NAME	<u>Ralph MAYNE</u>	LAST NAME
SIGNATURE	<u>Ralph Mayne</u>	

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	<u>Howard</u>
(DO NOT ABBREVIATE COUNTY NAME)	
SUBDIVISION	<u>Murman Property</u>
SECTION	<u>NONE</u>
LOT	<u>3</u>
NEAREST TOWN	<u>Popular Springs</u>
MILES FROM TOWN (ENTER 0 IF IN TOWN)	<u>2</u>

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	<u>5</u>
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	<u>500</u>
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> D	HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
<input type="checkbox"/> F	FARMING, AGRICULTURE, IRRIGATION
<input type="checkbox"/> I	INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
<input type="checkbox"/> M	MUNICIPAL WATER SUPPLY
<input type="checkbox"/> P	PRIVATE WATER COMPANY
<input type="checkbox"/> T	TEST
} MUST HAVE STATE HEALTH DEPT. APPROVAL	

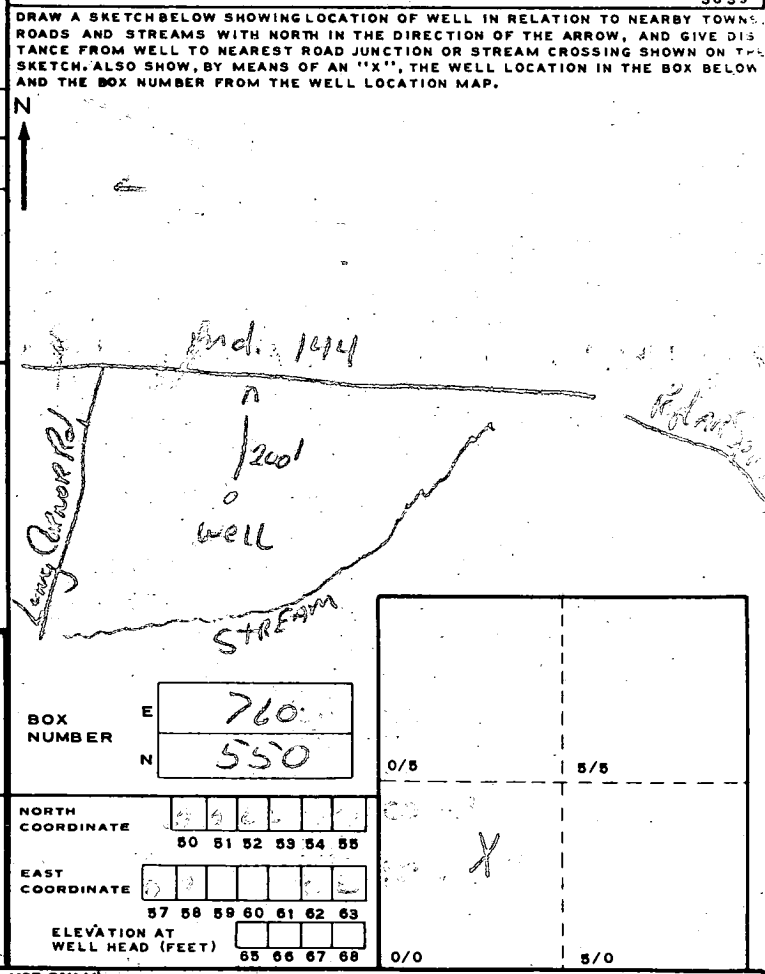
B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)		
1 2 3 (SEQ. NO.) 6			
N NORTH	<input checked="" type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST
S SOUTH	<input type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
NEAR WHAT ROAD	<u>Md. 149</u>		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
N	<input checked="" type="checkbox"/> S	E	W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)			
<u>200</u>			

APPROXIMATE DEPTH OF WELL	<u>150</u>	FEET
APPROXIMATE DIAMETER OF WELL	<u>6</u>	(NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
BORED (OR AUGERED)	JETTED	DRIVEN
<input checked="" type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE)		

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> N	THIS WELL WILL NOT REPLACE AN EXISTING WELL
<input type="checkbox"/> Y	THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
<input type="checkbox"/> S	THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
<input type="checkbox"/> 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	ENGINEER REVIEW DISTRICT NO.
FORCE	CONDITIONS
WRITE INITIALS IN BOX	A E N S G W Q C L U

B 4	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6	
STATE HEALTH (CIRCLE BOX)	<u>Howard</u>
COUNTY NAME	<u>728124</u>
COUNTY NO.	<u>12/28/78</u>
DATE	<u>12/28/78</u>
APPROVED BY	<u>Donald W. Monaghan, Sanitarian</u>



B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	