

Tax ID - 05 - 361524

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47565

A REPAIR

DISTRICT _____

DATE 10/17/91

DATE SYSTEM APPROVED 8-26-91

INSPECTOR JEN

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Riverside Estates LOT 16 ROAD 10701 Judy Lane Tax Map: 6
Parcel: 28

PROPERTY OWNER Rob Goldman HOME: 531-5346 WORK: 381-0992

ADDRESS 10701 Judy Lane
Columbia, Maryland 21044

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - DRYWELL NEEDS TO BE REPAIR (Ponded water at drywell)

CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND

REPAIR.

8-26-91 125 sq ft/bedrm. 500 sq ft total. Inlet at 3.0 ft, bottom at 11.0 ft. 50 ft
minimum of trench. Try for 70 ft. Maintain a minimum of 20 ft to
house and porch. JEN

PLANS APPROVED BY Jane Nadeau/Craig Williams DATE 7/22/91

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

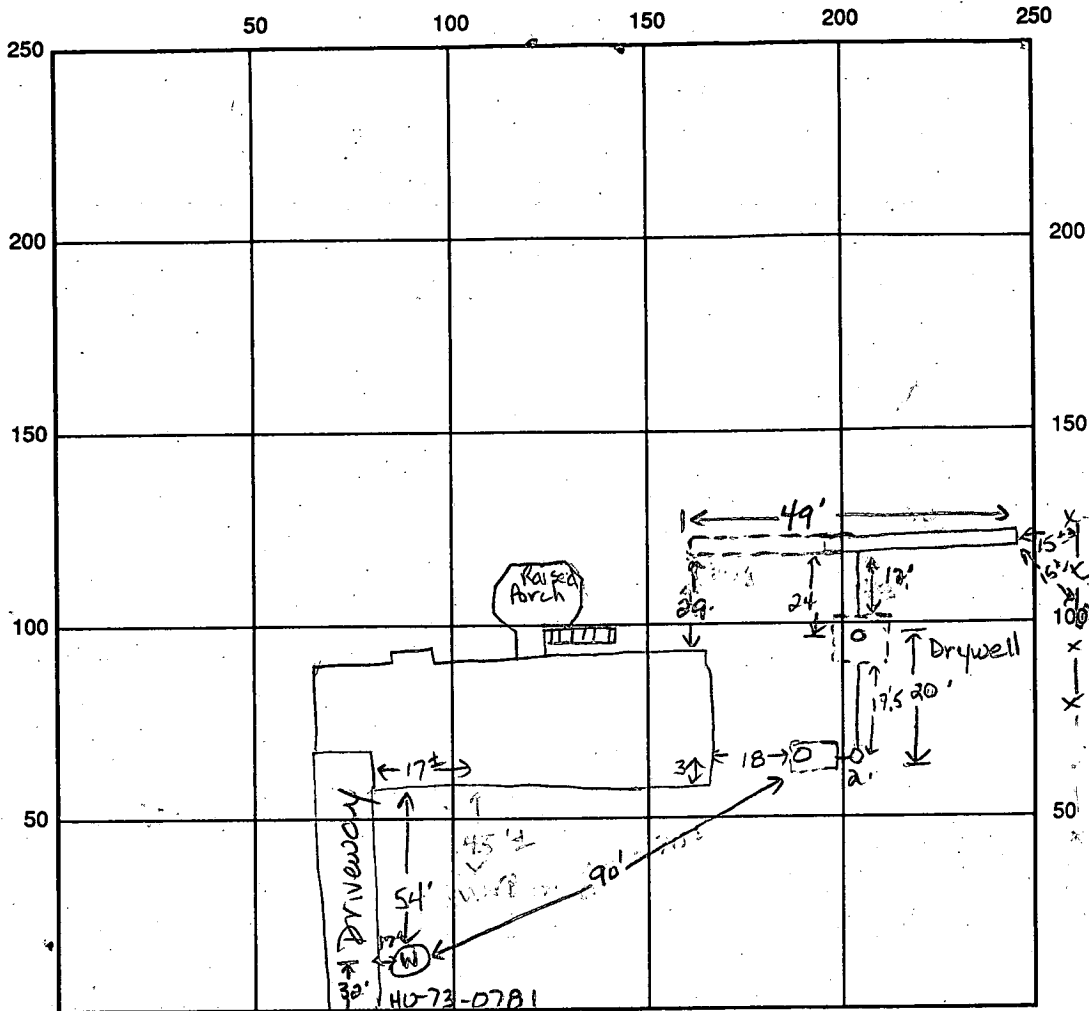
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 5/3/92
Serial # 48320 - addition

47565



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CL --- Study Lane ---

SEPTIC TANK LEVEL 1000 gal existing CLEANOUTS 1 on stank, 1 on drywell, 1 on 90° bend

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD TITLE DEPTH 11.5 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 8.5 FT. TOTAL LENGTH 49 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 416.5 SQ. FT.

Existing DRYWALL INSIDE DIAMETER 13.5 x 13.5 FT. EFFECTIVE DEPTH BELOW INLET 7.5 FT. = 405 sq ft

ABSORBENT AREA 416 + 405 SQ. FT. 821 useable area total

REMARKS: 8-26-91 OK to stone trench. Require 50 ft minimum of trench. JEN
8-26-91 OK to cover all work. JEN

DATE SYSTEM APPROVED 8-26-91 INSPECTOR Jane E. Maden

6/28/74 - if possible
rather than otherwise

PERMIT

P 20218
A 18760

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 6/25/74

7/1/74

INDEXED

Roland Barth

IS PERMITTED TO INSTALL ALTER

ADDRESS Clarksville Pike, Ellicott City, Md. PHONE 730-8495

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Riverside Estates ROAD Judy Lane LOT 16

PROPERTY OWNER Dolores Investments

ADDRESS 17512 Bowie Mill Road, Derwood, Maryland Phone: 948-5115

SPECIFICATIONS 3 bedrooms - 1000 gallon tank
4 bedrooms - 1250 gallon tank

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER DRY WELL - Is to have 110 sq. ft. effective absorbent sidewall area
per bedroom below the first 3/2 ft. of non-absorbent ground at original grade.
Maximum depth of dry well to be 11 1/2 ft. Locate dry well 50 ft. from the right
lot line and 88 ft. from the front lot line as seen when facing lot from Judy
Lane.

PUT SYSTEM IN FIRST.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

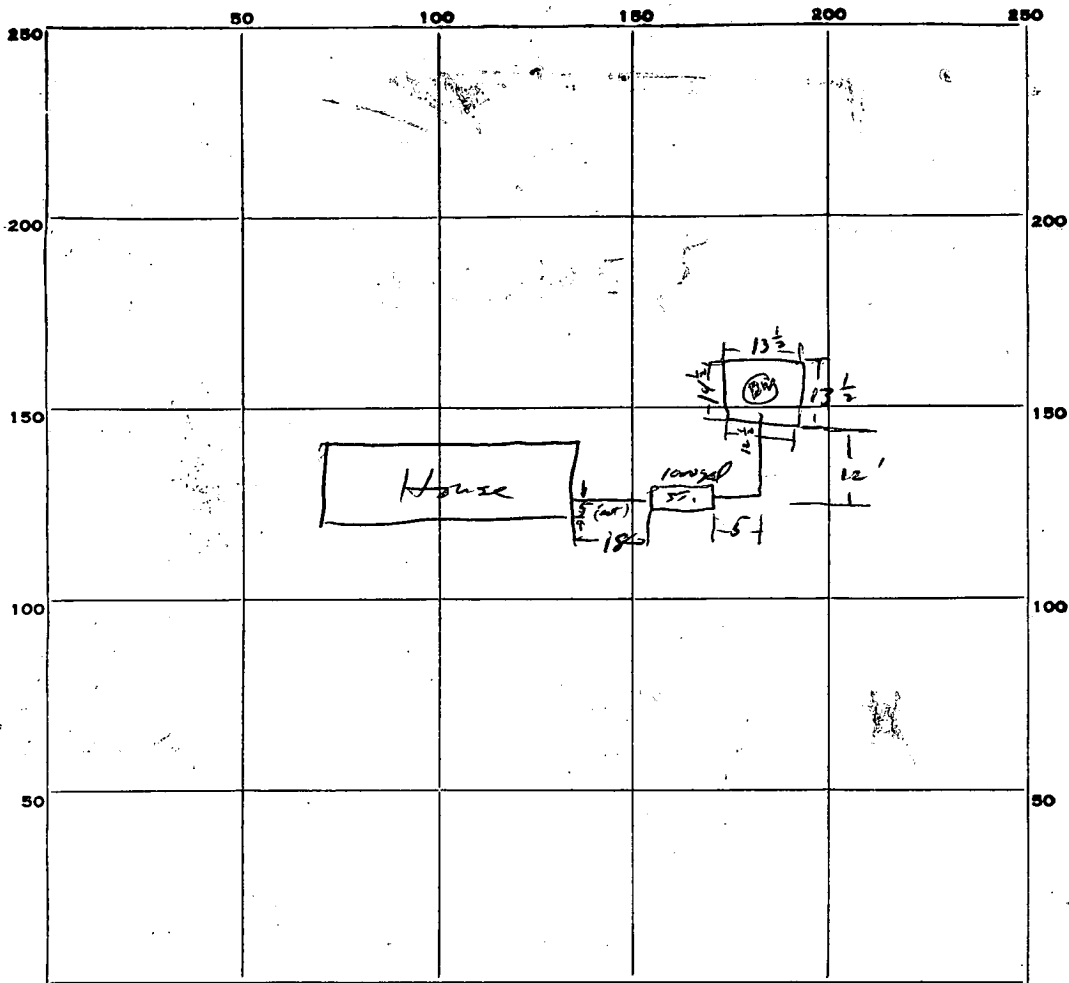
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY William W. Zepp DATE 9/17/73

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
20218
18760



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD 20218 ← Judy La →

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 54 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 405 SQ. FT.

13 1/2	
13 1/2	
14 1/2	
12 1/2	
54	
54	
7.5	
270	
378	
405.0	

REMARKS _____

DATE SYSTEM APPROVED 7/1/79 INSPECTOR [Signature]

APPLICATION

A 18760

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: 463-5000, EXT. 356

DISTRICT 5th

DATE July 12, 1973

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 Dolores Investments (contract owner)

ADDRESS 17512 Bowie Mill Rd., Derwood, Maryland PHONE 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 16

ROAD AND DESCRIPTION directions From Ellicott City South on Rt. 29 Approximately 1000 feet South of Rt. 32 to Vista Drive; West on Vista Drive to Long View *Judy Lane*

SIZE OF LOT Approximately one acre *43,658 sq* TYPE BLDG. 4 Bedroom +-
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 *William J. Miller*

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

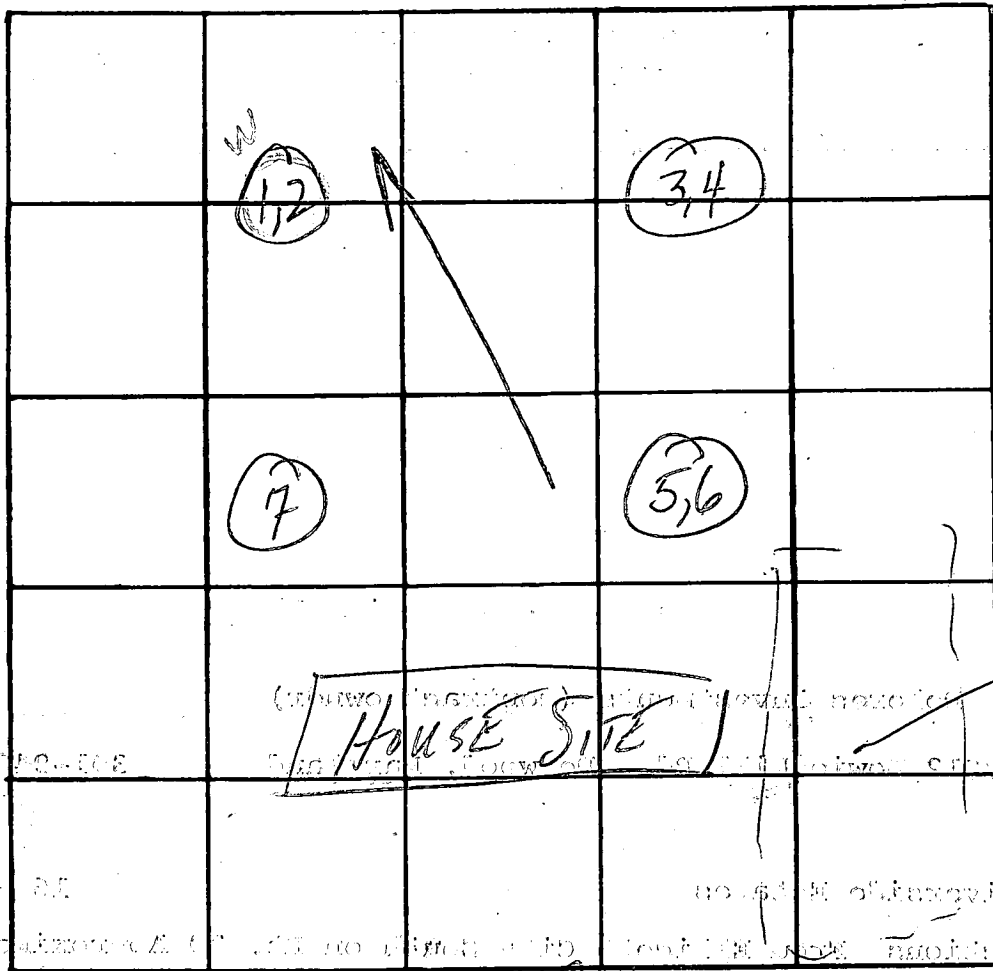
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THE SYSTEM UNDER THIS PERMIT
IS ACCEPTABLE ONLY UNTIL
PUBLIC FACILITIES BECOME AVAILABLE.

THIS IS NOT A PERMIT



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

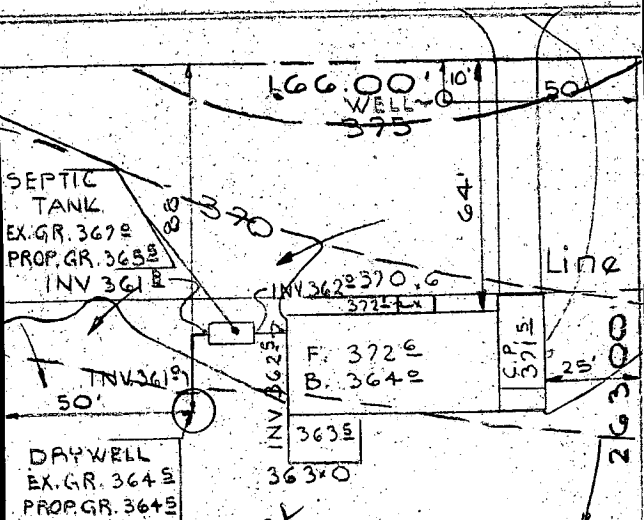
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/11/73	1	4 1/2	10:55	11:05	11:05	11:13	8
	2	11	Visual; water coming in @				
	3	4 1/2	12:19	12:24	12:24	12:30	6
	4	11 1/2	12:24	12:26	12:26	12:30	4
	5	4	2:15	2:19	2:19	2:28	9
	6	11 1/2	2:20	2:25	2:25	2:32	7
	7	11	Visual; sim to 3 & 4; dry				

10 1/2'
 E = 9 min
 Max depth
 = 3 1/2'

REMARKS Sandy from 4' → water; sandy

TYPE OF SOIL _____

LINE



12/18/73
 Locations OK
 Elevations OK
 App'd. W.L.E.
 * Put system in first!

LOT NO. 16

166.00'

27' E TYPE "A"

3:1 MAXIMUM
 RATES RECORDED IN PLAT BOOK 6,
 BETWEEN WELL AND DRY WELL
 ALL LOTS SHOWN HEREON

C 1 **6974** SEQUENCE NO. (WRA USE ONLY)

1 3 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED Aug 7, 74

8-13 15 20

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION A1876
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

PERMIT NO. FROM "PERMIT TO DRILL WELL"
H0-73-0781

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Residential Developers Inc - LAST NAME FIRST NAME

STREET OR RFD 10310 Greenbelt Rd - POST OFFICE Seabrook Md

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>Sand</u>	<u>0</u>	<u>47</u>	
<u>Micro Rock</u>	<u>47</u>	<u>305</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

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

NO. OF BAGS 11 NO. OF POUNDS 940

GALLONS OF WATER 6

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 305 FT.
 (ENTER 0 IF FROM SURFACE)

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) 305

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

1 40 2 47 3 305

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

SLOT SIZE 1. _____ 2. _____ 3. _____

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

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE air

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 45 (NEAREST FOOT)
 WHEN PUMPING 10 (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) 31

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE LAND SURFACE BELOW 2 (NEAREST FOOT)

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).

54'

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.

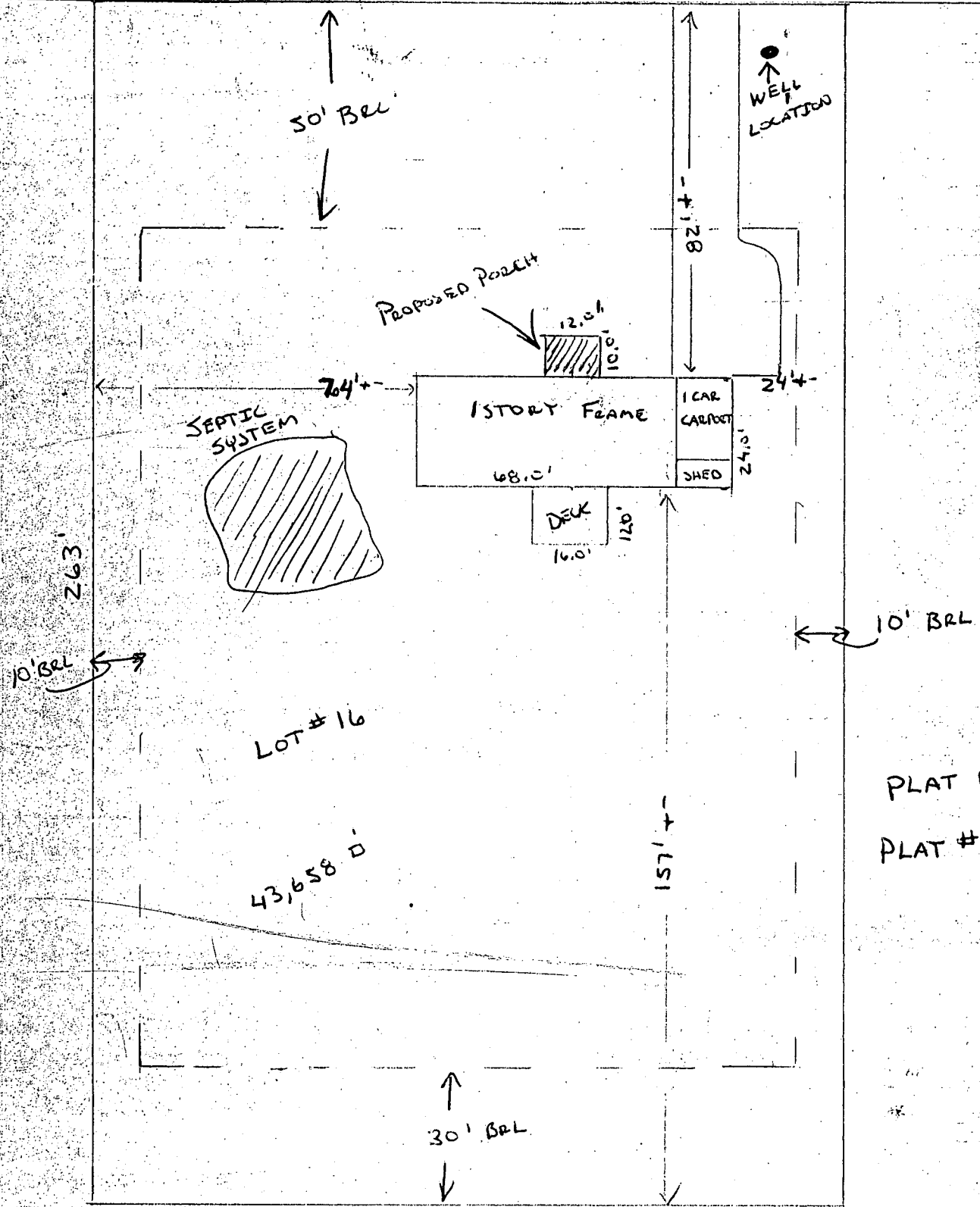
DRILLERS NAME

(PLEASE PRINT) Joseph M. Mayne

SIGNATURE Joseph Mayne

JUDY LANE

166'



PLAT BOOK 6
PLAT # 28

SCALE 1" = 32'