

104 ID-03-302482

PERMIT

SEWAGE DISPOSAL SYSTEM

P 17560
48193-B
A 1445

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 10/13/72

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS Ten Oaks Road, Glenelg, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Benson ROAD 3534 Lakeway Drive LOT 9, Blk. B

PROPERTY OWNER Carl C. Hall Neil McIntyre **BUILDING PERMIT SIGNED**

ADDRESS Chathan Road, Ellicott City, Maryland **AND RETURNED**

5-2004 BUD 148351-GARAGE

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 - To be 146 sq. ft. of absorbent sidewall area below the inlet pipe per bedroom. Inlet pipe to begin 4 ft. below original grade. Maximum depth of dry well to be 10 ft. below original grade. Locate dry well 60 ft. from front lot line and 42 ft. from left side line as lot is seen standing on new road facing lot.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

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

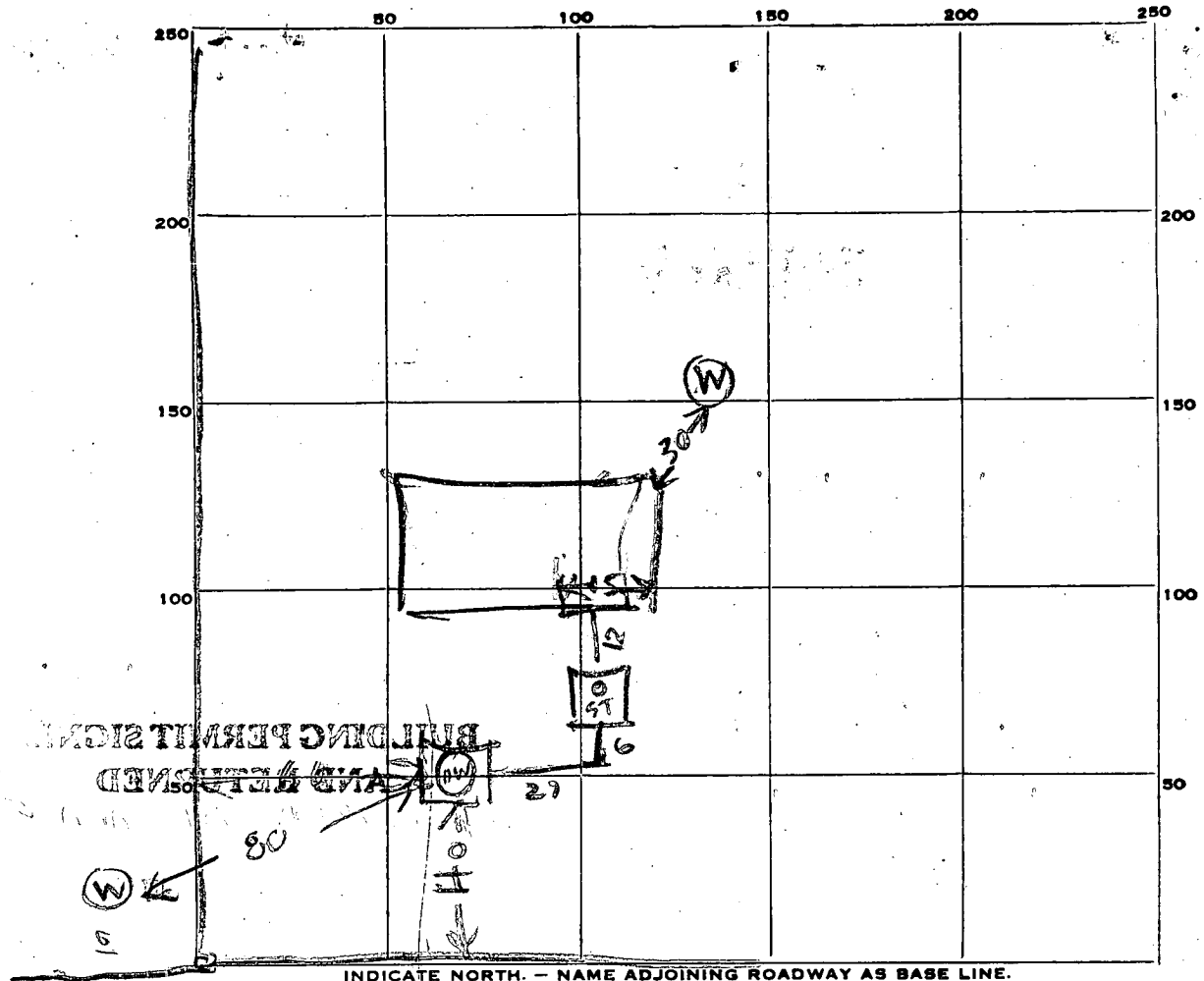
PLANS APPROVED BY James T. Wright DATE 9/22/70

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.

BLDG. PERMIT SIGNED AND RETURNED 11-9-97
Serial # B17108281
front porch

A
48193-B



PERMIT CARD _____

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 12 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 420 SQ. FT. *not country store*

REMARKS 10/18/72 - Dry Well outlet S.T. below ground
Perimeter of Dry Well is 70 ft = 7
3 Bedroom House 438 sq ft Required

DATE SYSTEM APPROVED 10/18/72 INSPECTOR Raymond Hodges

146
38
36
376 438

APPLICATION

A 14445

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 11/22/69

*Septic tank at Benson - 1235 gallon
Dry well to be 146 sq ft of absorption sidewalk
with below the inlet pipe per bedroom closet pipe
to be 4 ft below original grade. Maximum depth of dry well
10 ft below original grade. Locate dry well 60 ft from front lot
line and 42 ft from left side line as lot is seen standing on new
road facing lot.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Carl G. Hall

ADDRESS Chatham Rd., Ellicott City, Md. PHONE Mr. Carter HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Benson LOT NO. 9 Plk B

ROAD AND DESCRIPTION Unnamed Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 127' x 314' x 127' x 314' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Carl G. Hall

APPROVED BY James Wright FOR Dry well DATE 9/22/70
(KIND OF SYSTEM)

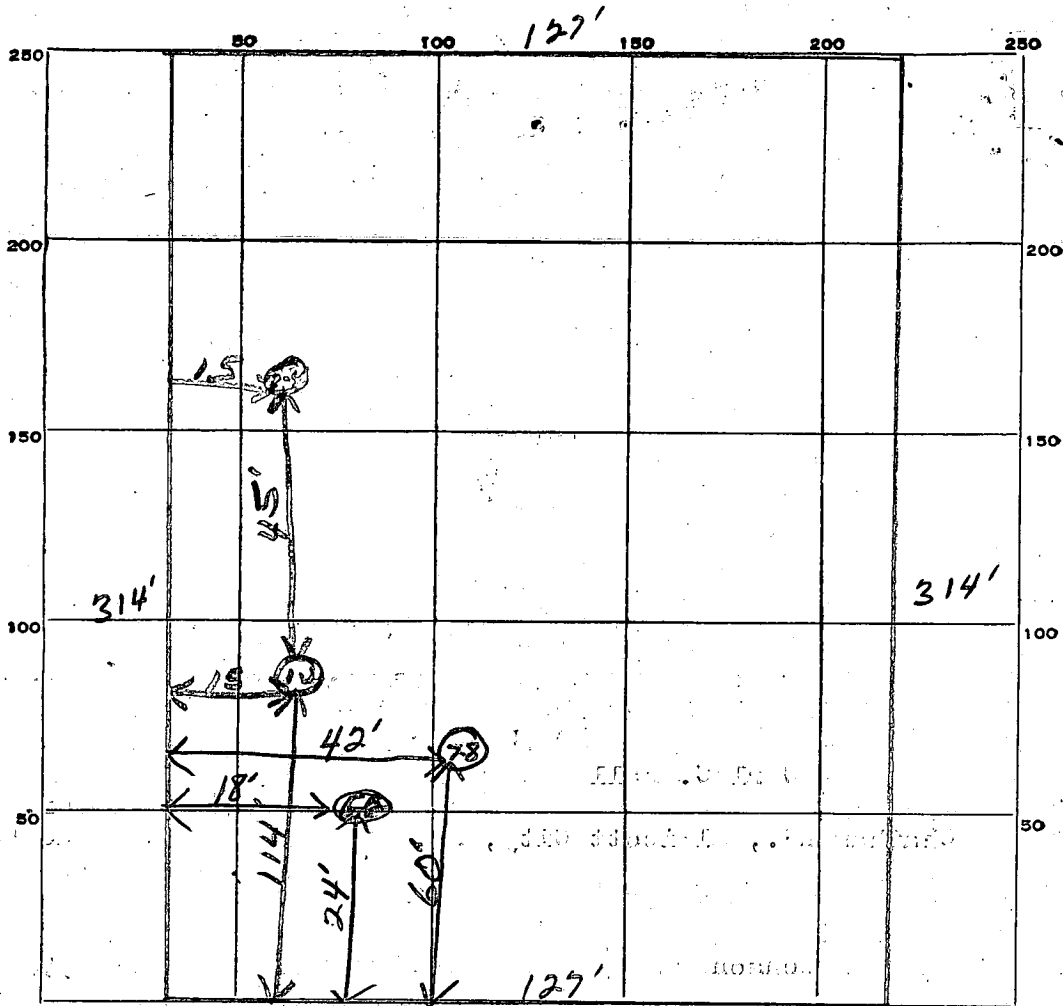
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

2814
242
2104



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/23/64	1	9'	11 ³⁶	11 ⁵⁰	11 ⁵⁰	slow		
	2	4'	11 ³⁶	slow				
	3	8 1/2'	water in hole					
	4	4'						
	5	9'	2 ³⁴	2 ⁵¹	2 ⁵¹	3 ¹⁵	24 in	
	6	4'	2 ³⁴	slow	clay 4'		30 in	
	7	9'	2 ⁴⁵	2 ⁴⁷	2 ⁴⁷	2 ⁵⁰	3 in	
	8	4'	2 ⁵¹	2 ⁵³	2 ⁵³	3 ⁰⁰	7 in	

B-9
64
avg.
16 min.

SOIL AUGER FINDING _____

TESTED BY _____

use hole 798

REMARKS _____

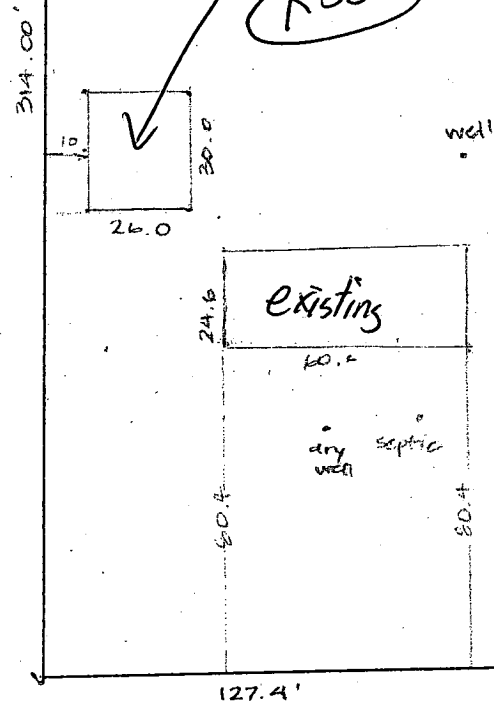
3534 Lakeway Dr.
EC MD; 21042

Lot 9

800 148 351
5/20/04

Proposed Garage
OK

KJB



LAKEWAY DR.

1"=50'

B 1 05301
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DWR USE ONLY)

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

DWR PERMIT NUMBER
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)
8/25/72

OWNER: Lambert Harry
COL 15 LAST NAME COL. 34 FIRST NAME
STREET OR RFD: 3705 Lockman Dr.
COL 36 COL. 55
POST OFFICE: Bethesda, Md. 21207
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 7-10-72 LICENSE NUMBER: 42
77 80
FIRST NAME: A. D. [Signature] DRILLER LAST NAME
SIGNATURE: [Signature]

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: Greenwood 23 42
SECTION: B LOT: 9 44 48 50
NEAREST TOWN: Maryfield 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 MI 73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 6 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 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: Lake Mary Dr. 8 9
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): 100 MI 34 37 38 39

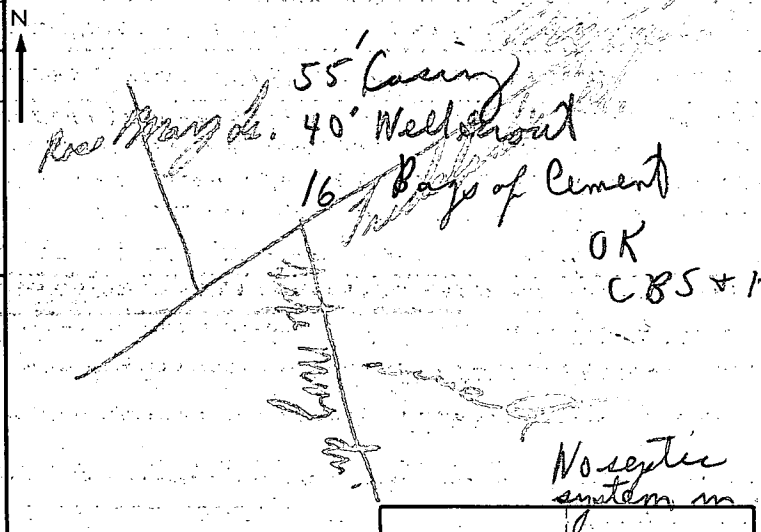
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY }
 T TEST

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: 100 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):

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER: [] ENGINEER REVIEW DISTRICT NO.: []
FORCE: [] WRITE INITIALS IN BOX: [] CONDITIONS: []
67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 810 N 520
NORTH COORDINATE: 520000 50 51 52 53 54 55
EAST COORDINATE: 0810000 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): [] 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX): S COUNTY NAME: Howard COUNTY NO.: 2009
DATE: 07/19/72 MO. DAY YR. APPROVED BY: [Signature]
43 48

NORTH COORDINATE: 520000 50 51 52 53 54 55
EAST COORDINATE: 0810000 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): [] 0/0 5/0

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

A14445

03170

SEQUENCE NO. (DWR USE ONLY)

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 3-23

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY) DATE WELL COMPLETED 15 20

DEPTH OF WELL 180 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-173-0009 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER Taylor (LAST NAME) Mary (FIRST NAME) STREET OR RFD 3705 Lockman Ave POST OFFICE Baltimore

WELL DESCRIPTION

WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY), FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten notes: Top soil, sandy, hard stone, mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [X] NO [] TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [X] BENTONITE CLAY [] NO. OF BAGS 44 NO. OF POUNDS 1600 GALLONS OF WATER 100 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 52.40 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW (S, T, C, O, P, L, O, T) MAIN CASING TYPE [S, T] NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 3.5

OTHER CASING (IF USED)

Table with columns: DIAMETER (INCH), DEPTH (FEET) FROM, TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW (S, T, B, R, H, O, P, L, O, T) SCREEN TYPE OR OPEN HOLE

DEPTH (NEAREST WHOLE FOOT)

Table with columns: FROM, TO, DEPTH (NEAREST WHOLE FOOT)

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 [F]

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

TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA AVAILABLE []

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT) WHEN PUMPING 170 (NEAREST FOOT) TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) AIR [X] PISTON [] TURBINE [] CENTRIFUGAL [] ROTARY [] OTHER [] JET [] SUBMERSIBLE []

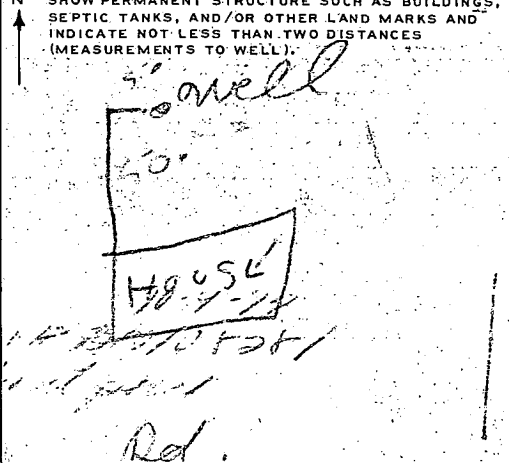
PUMP INSTALLED

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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE [] BELOW [] LAND SURFACE 9 (NEAREST FOOT)

LOCATION OF WELL ON LOT



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 (PLEASE PRINT) SIGNATURE