

6/11/92
10/60
09455
Records not in file

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48255
A REPAIR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

05-360722

DISTRICT _____
DATE 6/18/92

DATE SYSTEM APPROVED 6/11/92
INSPECTOR [Signature]

Jack Fyock _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Braeburn LOT 39 ROAD 6413 Lockridge Road

PROPERTY OWNER Lorn Minish
ADDRESS 6413 Lockridge Road

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 4

506 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 67

$$\begin{array}{r} 125 \\ 4 \overline{) 500} \\ \underline{450} \\ 50 \end{array}$$

$$\frac{125}{7.5} = 16.67$$

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 6/9/92
Install one trench, 67 ft long, 10 1/2 ft deep, inlet at 3 ft, 7 1/2 ft of stone.
Trench to connect to existing Drywell.
[Signature] 6/11/92

PLANS APPROVED BY [Signature] DATE 6-11-92

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

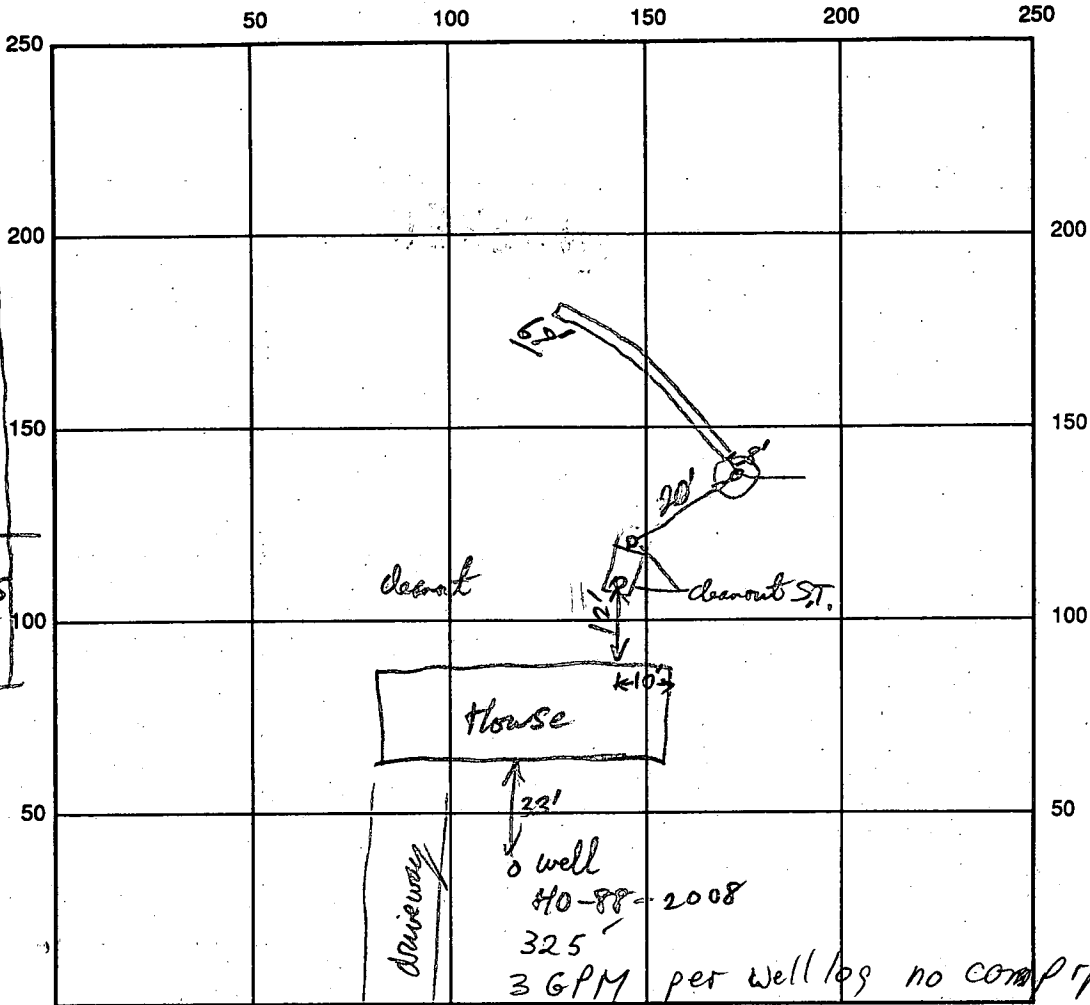
PERMIT VOID AFTER TWO YEARS

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**

P
48255



Trench
 0-3 1/2" Str. Brn
 Silt loam
 Transition to
 Sandy loam
 to loam sands
 some boulders
 in spots
 5-4"
 lt grey white
 coarse sand ls
 massive spherulite
 Dry
 10 1/2"

Lockridge Rd INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Existing (est. 1000 gal)

CLEANOUTS ST. + Dry Well

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 10 1/2 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 7 1/2 FT.

TOTAL LENGTH 67 FT.

NUMBER OF TRENCHES 1

ONE SIDEWALL/BOTTOM AREA 300 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Trench OK as far as installed, continue installation, OK to cover when finished R/P 4/11/92

DATE SYSTEM APPROVED 6/11/92

INSPECTOR R. P. [Signature]

Steve -
Please call
Martin Pollock

3/8/02

ph + Fax 410-875-0132

Needs plat showing
septic easement - none
in file - (too old?)
wants to know what to
do when no plat is available.
mlb

APPLICATION

A 12028

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 7/19/66

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 A. H. Young, Jr., Inc.

ADDRESS Ashton, Maryland PHONE WA 4-4103

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 39

ROAD AND DESCRIPTION Lochridge Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ David Scaggs

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

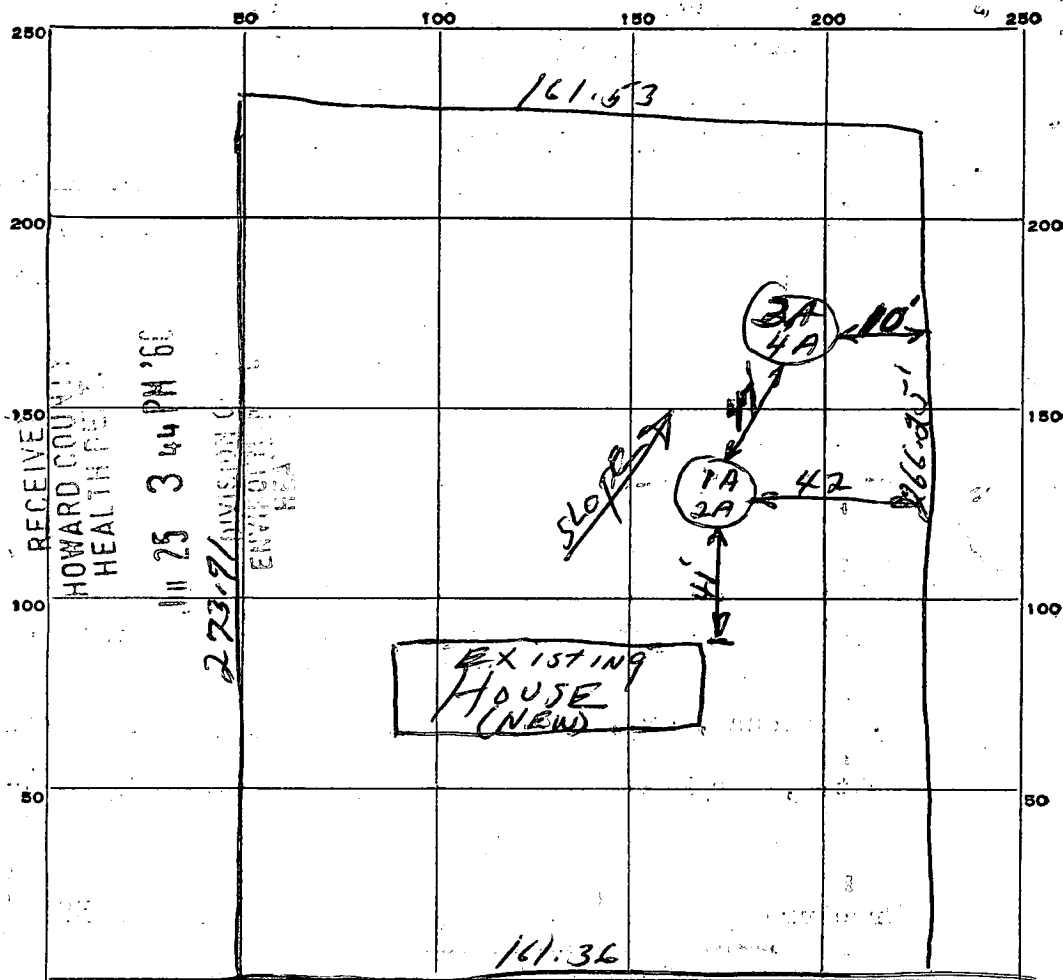
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Lockridge Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-21-66	1A Same	9 1/2'	9:54	9:56	9:56	9:58	2 m
	2A Pit	4 1/2'	9:58	10:00	10:00	10:02	2 m
	3A	10'	10:04	10:06	10:06	10:07	1 m
	4A	4 1/2'	10:06	10:07	10:07	10:08	1 m

all sand mica soil after top 2 FT.

7-21-66
Thompson

SOIL AUGER FINDING: Use pit 1A, 2A
 TESTED BY: JH.
 REMARKS:

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 in. O.D. 22 ft.
2. Total depth of well 61
3. Type, diameter and length of strainer _____ . Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement . Quantity, cement used 2 Bags lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 40
7. Yield of well in gallons per minute 5 ; elevation of water surface when pumped at the designated rate pumped out
8. Number of hours pump operated at stipulated rate during pumping test 1/2
9. Record of any other pumping performance none
10. Log of materials encountered during drilling Rock from 20 ft
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth none
13. Disinfected by 4 ounces of Clorox % Chlorine (Brand name _____)

Property Owner Gordon Walker Address Highland
Location of property _____

Health Department Number _____ Dept. of Water Resources Permit No. 7066W361

Date: Jan 25, 1966 . Denny Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

B T **5059** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

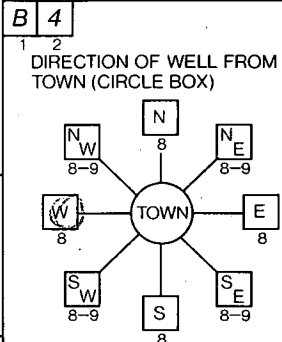
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-88-2008
 70 fill in this form completely 79

Date Received (APA) **12/17/91 - 9:30 AM**
121091 OWNER INFORMATION
HINISH LORN
 15 Last Name Owner First Name 34
9363 Sweet **CHERRY LA**
 36 Street or RFD 55
LAUREL **MD20707**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
BRAEBURN
 23 SUBDIVISION 42
 SECTION **39**
 44 46 48 50
COLUMBIA
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** **M I**
 73 76 77 78

DRILLER INFORMATION
WELL DRILLING
 5512 Ridge Rd. Int. Airy rd, 21771
 Address
 Signature **12/10/91**
 Date



6413 Rock Ridge Road
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **30** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A09455**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **12/1/91** **06/11/92**
 43 48 CO SIGNATURE **Cond. Kelly** EXP. DATE
 NORTH GRID **496000** EAST GRID **0831000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

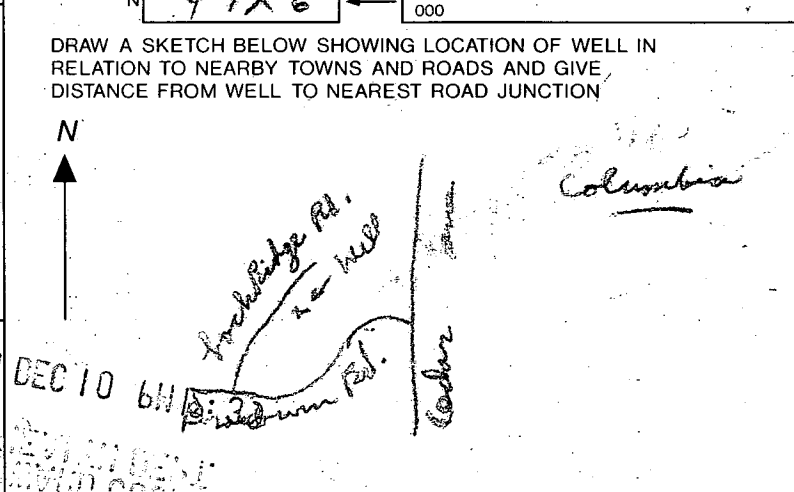
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary Drive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **WELL**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 000
 000

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) 41 **H0664361** 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **R P** WRITE INITIALS IN BOX PERMIT No. **H0-88-2008**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **OCCUPANT 531-5540 OWNER 490-2334**
 COUNTY

12/10/91 Anytime

SITE INSPECTION SHEET

OWNER: Lorn Hinrich

DATE REQUESTED: 12/10/91

ADDRESS: 6413 Lochridge Rd

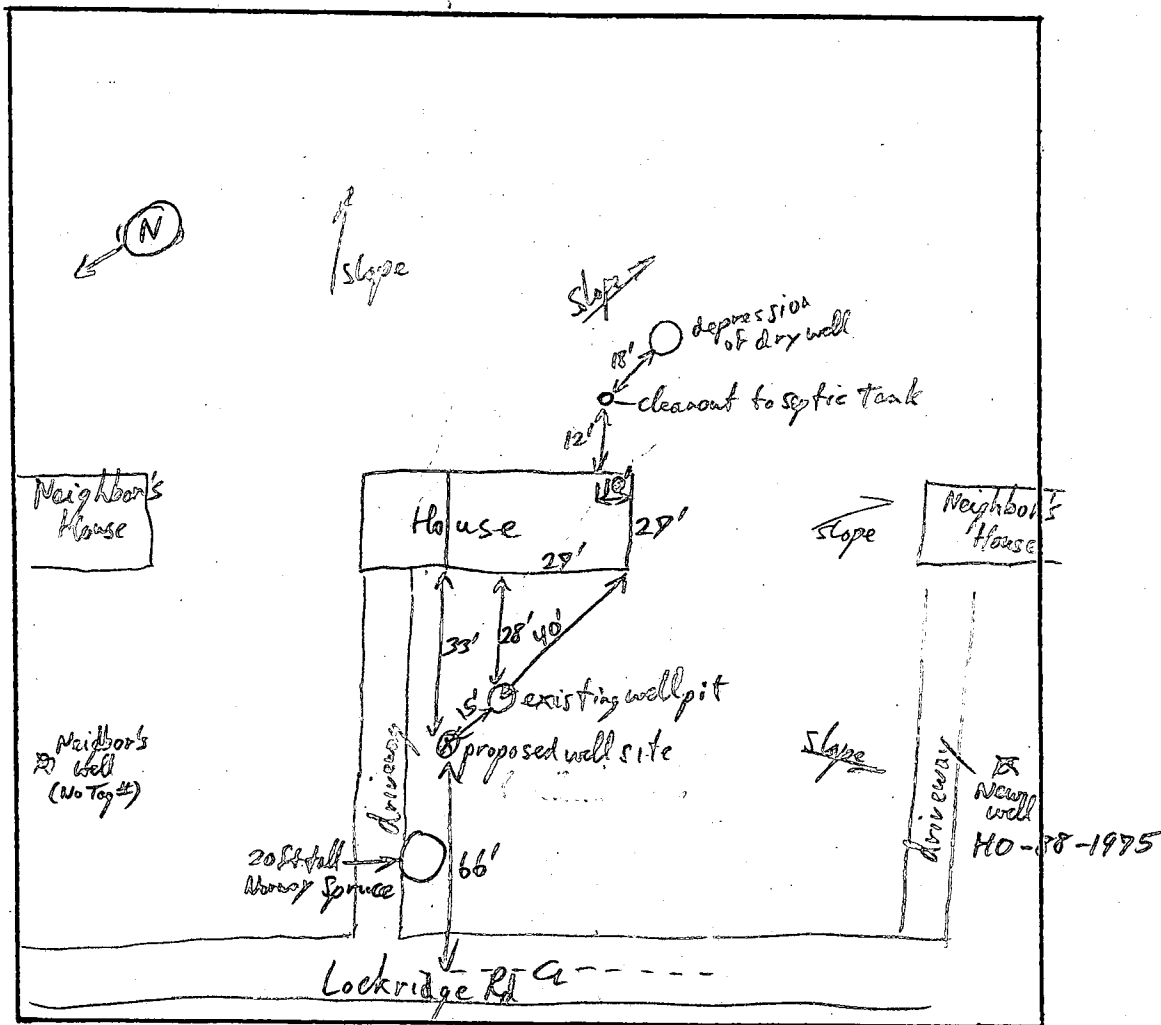
DRILLER: J. Payne

WELL TAG # _____

COUNTY # A 09455

PROPOSAL: Well going dry - replacement requested

LOCATION DIAGRAM



COMMENTS: Only have 80 ft approximately from proposed well to existing septic
(This is 5ft more than had before) - could get 100ft from well to septic if drill
heavier Spruce Tree in front yard. Along street all wells are in front yards + septic in
rear - Street is the crest of the original hill in this area

DATE: 12-11-91

INSPECTOR: R. Spibley

1/2/92
after 11:30 AM ✓

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

1/2/92
File
OK
C.B.H.
see book

APPLICATION FOR PITLESS ADAPTER WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 47704
Date 2/3/91

Name of Installer Robert Hofstetter

Telephone 531-3311

License Number 4450

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MR HINISH

Telephone 490-3214

Subdivision BRAEBURN Lot #

Well Tag # HO-88-2008

Site Address 6413 LOCHRIDGE RD

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make GOULDS
- Model #
- Capacity 5 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 3/4
- RPM
- Voltage
 - 110
 - 220

Pitless Adapter

- Make
- Model #
- Depth

Tank

- Capacity
- Pressure relief valve? YES

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth 325 ft.
- Yield 3 GPM
- Static water level ft.
- Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert Hofstetter

Date: [1/2/92 card left at well casing]

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

