

4905 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 MANOR LA

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH $\frac{4}{5} \frac{2}{15}$ FT. TRENCH WIDTH $\frac{1}{5} \frac{2}{15}$ FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{2} \frac{2}{2}$ FT. TOTAL LENGTH $\frac{1}{41} \frac{2}{46}$ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA $\frac{1}{205} \frac{2}{200}$ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/1/90 - TRENCH #1 OK DIG TRENCH #2 &
 ADD STONE DIG VISUAL HOLE AT END OF TRENCH
 FIND WATER WELL
 6/1/90 TRENCH #2 OK

DATE SYSTEM APPROVED 6/1/90 INSPECTOR Raymond J. [Signature]

10/21/65

PERMIT

P-10000

SEWAGE DISPOSAL SYSTEM

A-09013

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 2

DATE 9/22/65

John Goodman IS PERMITTED TO INSTALL I ALTER

ADDRESS Gladesville, Maryland PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Carroll Manor Lane LOT _____

shown on map as Manor Lane

PROPERTY OWNER William C. Gattie (Not Owner John W. Goodman)

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 950 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 225 & TANK CAPACITY 500.

OTHER Day well - 12 ft. in dia. by 8 ft. below the inlet pipe located

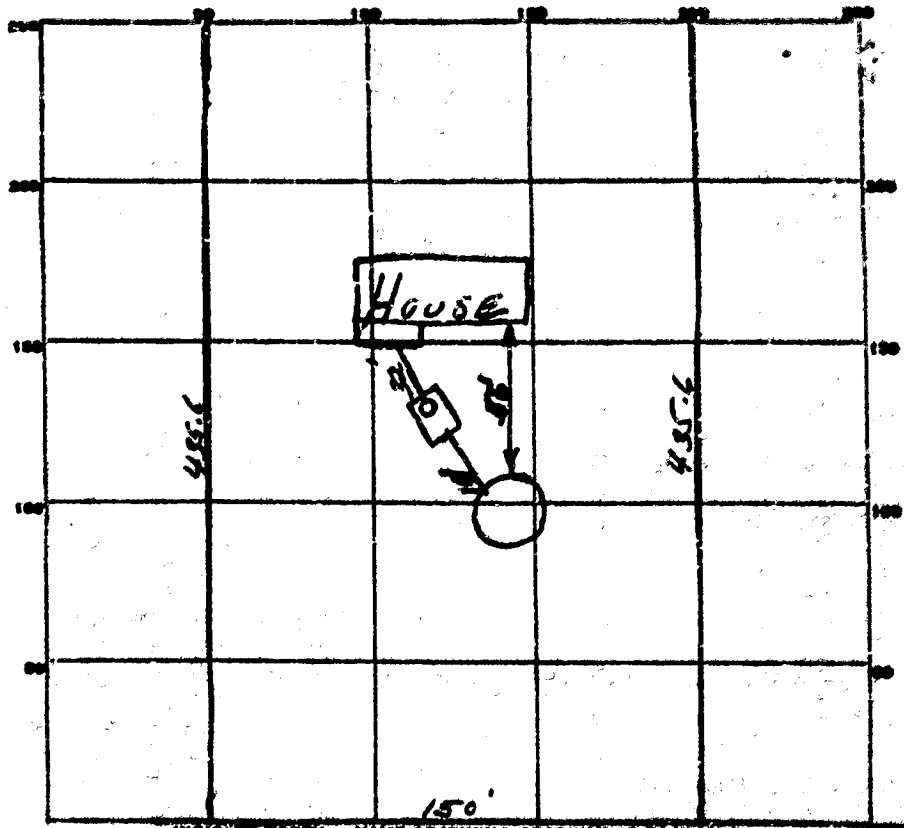
285 ft. from front lot line and 42 ft. from right side line as seen when facing

from Manor Lane.

PLANS APPROVED BY J. H. Killgore DATE 9/25/65

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.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 MANOR LANE → TO RT. 107

PERMIT CARD Yes

SEPTIC TANK, LEVEL concrete 1500 CLEANOUTS 8' at end pipe

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 9 FT.

ABSORBENT AREA OK SQ. FT.

REMARKS Expellant coil (min)

DATE SYSTEM APPROVED 10-29-65 INSPECTOR J. Henniger

APPLICATION

A. 04981

SEWAGE DISPOSAL TESTING

F. _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 750 gallons.

DISTRICT 2

Dry well - $\frac{1}{2}$ ft in dia. by 8 ft below the inlet

DATE 4/15/65

pipe located 265 ft from front lot line and 42 ft from right side line as seen when facing lot from Manor Lane

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 William C. Curtis

ADDRESS RED #4 - Ellicott City, Md. PHONE HO 5-1276

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Carroll Manor Lane - on map as Manor Lane - turn right off Rt. 108 - 300 ft. up Manor Lane on right

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.5 ACRES TYPE BLDG. 3
NUMBER OF ROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT John W. Henderson

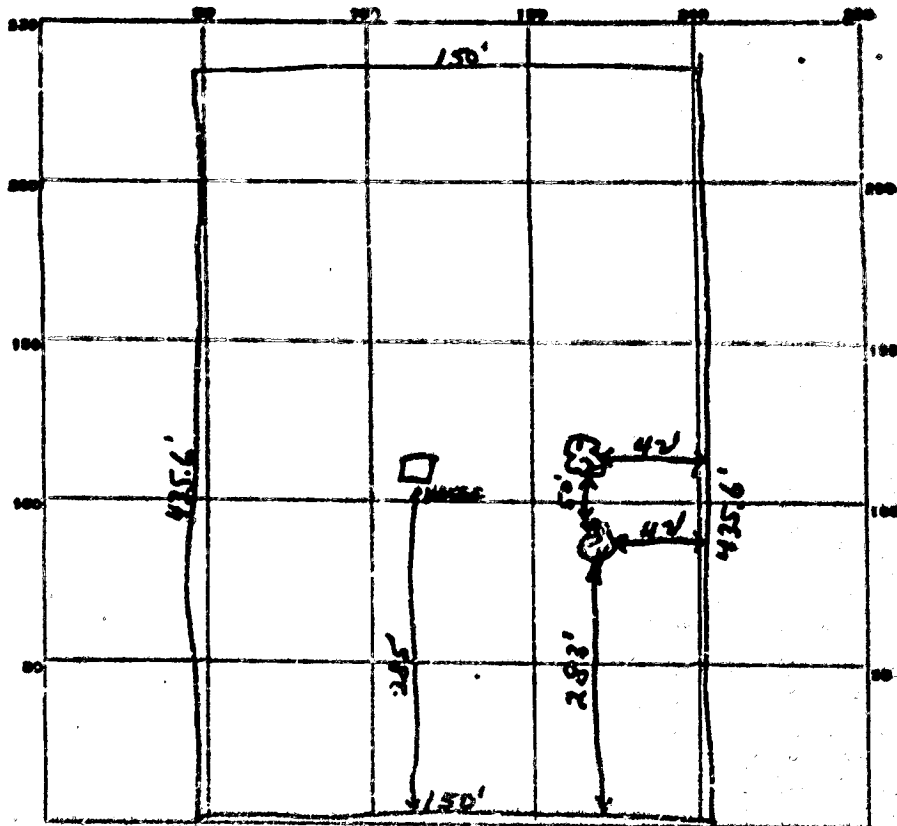
APPROVED BY J. H. Allmore FOR Dry well DATE 4/15/65
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - MAKE ADJOINING ROADWAY AS BASE LINE
 MANOR LANE To Rte 10R

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/65	1	9'	9:40	9:49	9:49	10:00	11 min
"	2	4 1/2'	9:40	9:52	9:52	10:05	13 min
"	3	9'	9:42	9:46	9:46	9:52	6 min
"	4	4 1/2'	9:43	9:46	9:46	9:50	4 min

SOIL AUGER FINDING _____

TESTED BY JHK

REMARKS _____

ALSO PRESENT John W. Henderson LOT NO. 1.5 Acres

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

Jillian Curtis WELL COMPLETION REPORT **A08981**

James Gordon WELL DESCRIPTION *Manor Ln.*

A WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

B CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Panel Number 12-4000
Owner James Gordon
Address Manor Lane
Subdivision _____
Section _____ Lot _____
County Panel Number _____
PUMPING TEST
Hours Pumped 2
Type of Pump Used Hand
Pumping Rate 2 gpm
Gallons per Minute 4

WATER LEVEL
(Distance from local surface to water)
Before Pumping 25 Ft.
When Pumping 25 Ft.

APPEARANCE OF WATER
Color Clear
Taste None
Odor None

Height of Casing Above Ground Surface 25 Ft.

PUMP INSTALLED
Type Hand
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Casing Length _____ Ft.

25 ft of dirt and 95 ft of gray rock

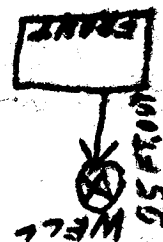
FEET
from _____ to _____

DIAM.
(Inches)
6

FEET
from _____ to _____
25 ft

LOCATION OF WELL ON LOT
Show permanent structures such as buildings, tank, and/or other landmarks and indicate with 2 distances (measurements) to well.

MANOR LANE NORTH



DATE WELL WAS COMPLETED

May, 25, 1968

I hereby affirm that this report contains no willful misrepresentation or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Arthur B. McDonald, Well Driller

Well Driller License No. 317

HO-69-0064
1968

ANNAPOLIS
MAY 25 1968
STATE OF MARYLAND

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

James Goodman WELL COMPLETION REPORT **A 09981**

WELL DESCRIPTION *water for*

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET from ___ to ___	DIAM. (inches)	FEET from ___ to ___
4 clay 31 sand gravel	6" O.D.	35
45 slate Rock	Well casing	
WELL 80		

Permit Number *Blank*
Owner *John ...*
Address *...*
Subdivision _____
Section _____ Lot _____

PUMPING TEST
Hours Pumped _____
Type of Pump Used *Boiler*
Pumping Rate _____
Gallons per Minute *4*

WATER LEVEL
Distance from land surface to water:
Before Pumping *30*
When Pumping _____

APPEARANCE OF WATER
Clear Cloudy _____
Taste _____
Odor *None*

Height of Casing Above Land Surface *1* Ft.

PUMP INSTALLED
Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT
Show permanent structures such as buildings, septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



*66-W-138
1965*

Date Well Was Completed *12/19/65* Well Driller Signature *Ed. B...*