

4/11/84 NOON
4/13/84 am

PERMIT

P 33763

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-300250

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

DISTRICT 3rd.

992-2330

DATE 4/10/84

Roland T. Mitchell IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 3837 Ivory Road, Glenelg, Maryland 21737 PHONE 442-2326

SUBDIVISION _____ ROAD 3837 Ivory Road LOT _____

PROPERTY OWNER Roland T. Mitchell

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - Add 40 feet of trench to existing drywell and replace existing tank with 1500 gal. tank. Original tank to be removed or broken up and filled with clean fill.

BLDG. PERMIT SIGNED

AND RETURNED 8/27/91

Serial # 39050 -
Bun for storage

PLANS APPROVED BY C. Williams/Frank Skinner

DATE 4/10/84

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

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 OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

BLDG. PERMIT SIGNED

AND RETURNED 5/22/84

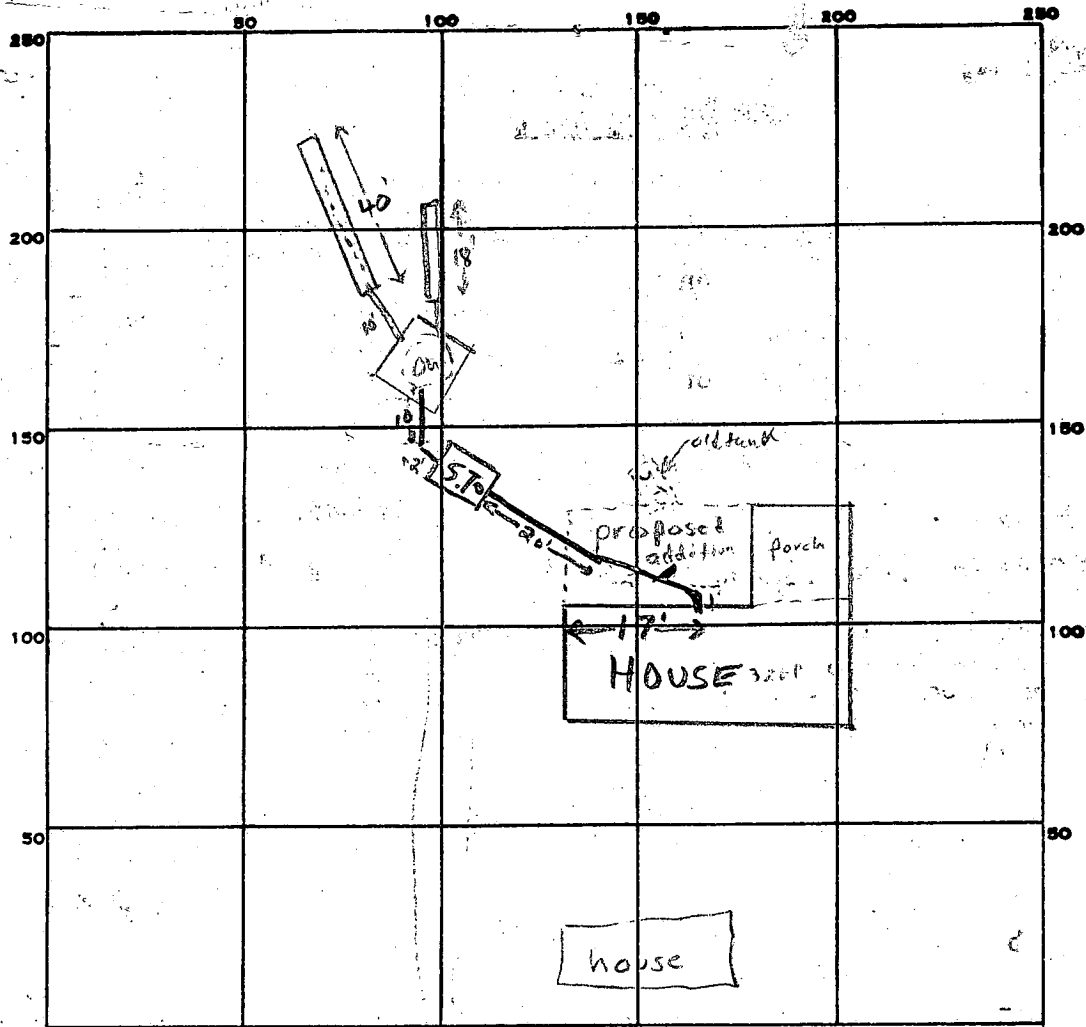
Serial # 59071
Addition family
room, bed & bathroom

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 33763



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

Ivory Road

PERMIT CARD spoke to Mr. Mitchell

SEPTIC TANK, LEVEL 1500 gal. (new)

| | |
|---------------------|-----------------|
| new S.T. | D.W. |
| CLEANOUTS <u>ok</u> | <u>existing</u> |

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 1/2 FT. TOTAL LENGTH 40 FT.

NUMBER OF TRENCHES (new) 1 old ONE SIDEWALL TOTAL BOTTOM AREA ~3000

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/12/84 OK to put gravel in trench S.S. 4/12/84 Cement outlet pipe to septic tank
Install cleanout pipe on septic tank; Remove top & fill in bottom of old septic tank S.S.

4/25/84 TRENCH COVERED, TANK CONNECTED AND IN USE. 4" PVC CLEANOUT NEEDS TO

BE REPLACED WITH 6" CLEANOUT. OLD TANK FILLED IN - OK TO COVER. CW

5/21/84 6" CLEANOUT IN PLACE - WILL NOT BE CEMENTED UNTIL FINAL GRADING TAKES PLACE - OK TO RELEASE B.P. CW

7-30-91 septic system appeared functional during site inspection for Building Permit 39040. JEN

DATE SYSTEM APPROVED 7-30-91

INSPECTOR Jane E. Madson

C 1 3495 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 3/30/77

DATE WELL COMPLETED

8-13

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 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"
H0-73-1947

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER CI Associates LAST NAME

STREET OR RFD 1416 ANNAPOLIS Rd. POST OFFICE OBENTON Md. FIRST NAME

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 | |
| Top Soil | 0 | 2 | |
| SHALE | 2 | 65 | |
| GRAVEL | 65 | 92 | |
| Brown Slate | 92 | 80 | ✓ |
| MICA | 80 | 300 | |

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 30 NO. OF POUNDS 3000

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 58 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 77

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN-HOLE H O

PLASTIC P L OTHER O T

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

1 140 75 300

2

3

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S 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) Y N

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 } 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).

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

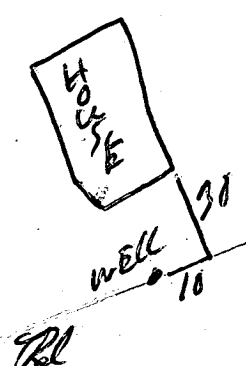
P TEST WELL CONVERTED TO PRODUCTION WELL

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) L. F. EASTERDAY

SIGNATURE L. F. Easterday



APPLICATION

A _____

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: 465-5000, EXT. 356

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 60

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

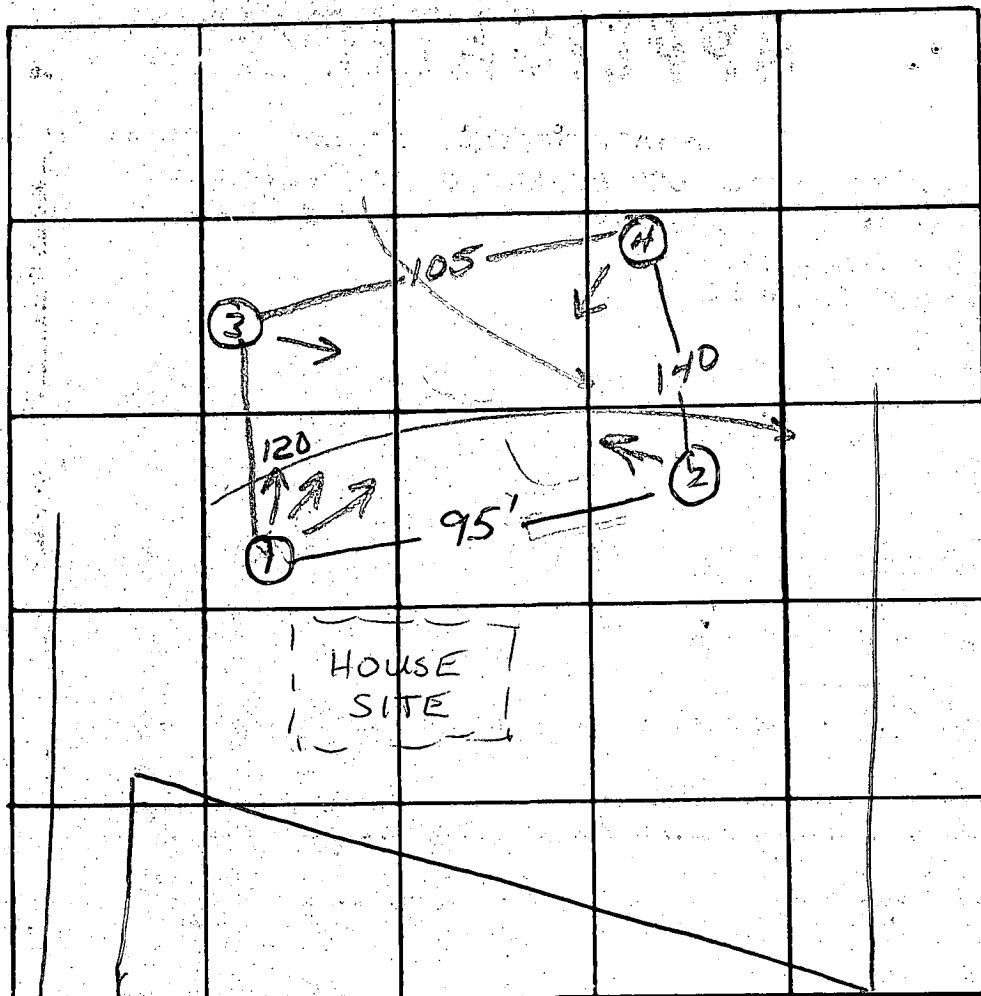
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

$4\frac{1}{2}$ CLAY
 SANDY LOAM
 10



Lot 6C

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

high 10/5/76

low 5

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------|----------------------|-------|----------------|-------|------|
| | | | START | STOP | START | STOP | |
| 10/5/76 | 1 | 4 | 10:50 | 10:54 | 10:54 | 10:59 | 5 |
| | 1-A | 13 1/2 | 10:54 | 10:57 | 10:57 | 11:10 | 13 |
| | 2 | 12 1/2 | Visual: similar soil | | | | dry |
| | 3 | 4 1/2 | 11:06 | 11:10 | 11:10 | 11:14 | 4 |
| | 3-A | 13 | 11:07 | 11:22 | 11:22 | 11:43 | 21 |
| | 4 | 4 1/2 | 11:14 | 11:16 | 11:16 | 11:21 | 5 |
| | 4-A | 12 1/2 | 11:12 | 11:15 | 11:15 | 11:21 | 6 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS

TYPE OF SOIL

Sandy loam

TESTED BY

WWZ & HB

ALSO PRESENT:

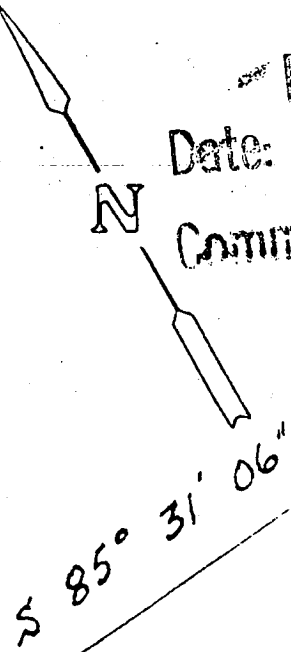
Parlett Co

REVISED

39040

Date: 8-27-91

Comments: Shed Moved

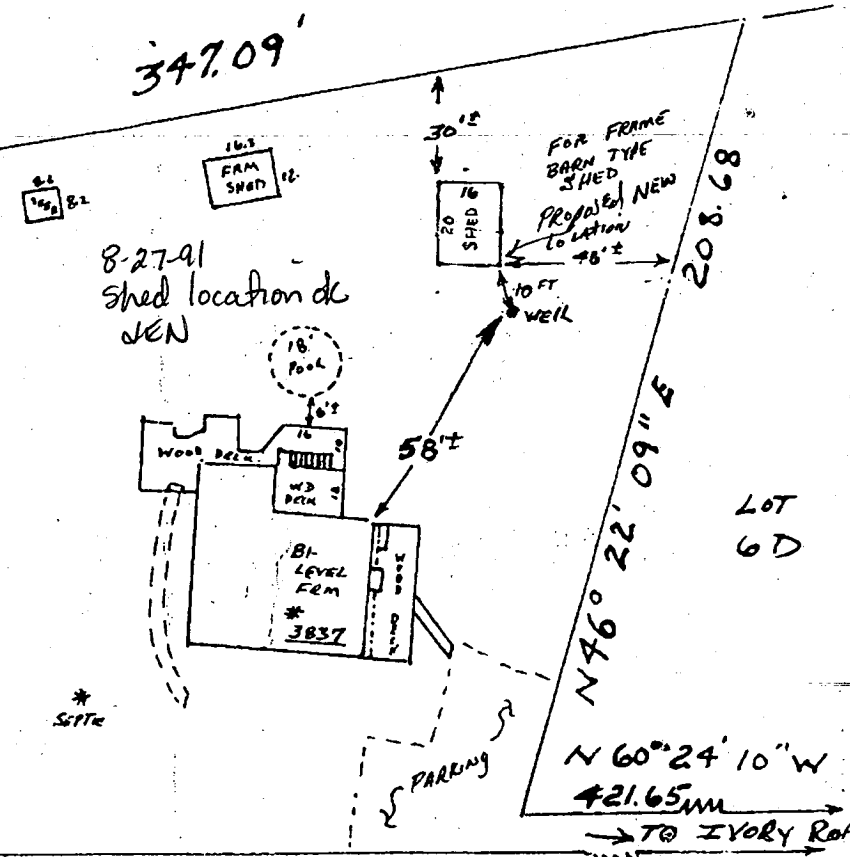


S 85° 31' 06" W
 188.76

N 70° 03' 55" W
 347.09'

LOT
 6C
 1.702 AC

REVISED
 FOR
 Building Permit
 # 39040
 Roland T. Mitchell
 3837 Ivory Road



S 60° 24' 10" E 825.96

N 60° 24' 10" W
 421.65mm
 TO IVORY ROAD

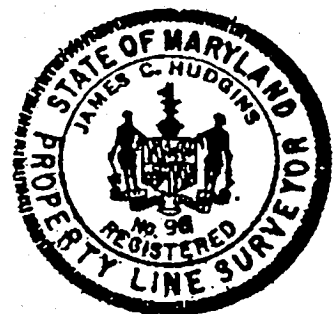
Subject property is shown in Zone C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland. Panel # _____
 Community Panel # _____
 Effective Date: _____

LOT 6B

This is to certify that I have surveyed the property
 known as LOT # 6C

sheet of recorded BK- _____ PLT _____ among the
 Land Records of HOWARD County, Maryland for the
 purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
 NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY

3837 IVORY ROAD
3RD ELECTION DISTRICT
 HOWARD COUNTY MARYLAND

NTT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Phone 442-2031

Scale 1" = 50'
 Date _____
 Field By MITCH
 Drawn By MITCH
 Drawing # _____

1 2792
SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
THIS NUMBER IS TO BE PUNCHED IN COLS. 9 ON ALL CARDS

STATE OF MARYLAND 25098
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WHA PERMIT NUMBER
40-73-1941
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
3/30/77
OWNER C S Associates (OWNER: Roland T. Mitchell)
COL 15 LAST NAME FIRST NAME COL 34
STREET OR RFO 1416 Annapolis Rd.
COL 36 COL 50
POST OFFICE Odenton, Md.
COL 57 COL 70

CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE 3/17/77 LICENSE NUMBER 42
77 80
FIRST NAME L. F. Castley DRILLER LAST NAME
SIGNATURE L. F. Castley

WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600
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

APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
60-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

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 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER [] ENGINEER REVIEW DISTRICT NO. []
54 63 65
FORCE [] WRITE INITIALS IN BOX [] CONDITIONS []
67 68 70 71 72 73 74 75 76 77 78 79

CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX)
MO. DAY YR. COUNTY NAME COUNTY NO.
DATE 032177
43 48
APPROVED BY Donald W. Monaghan
Donald W. Monaghan, Sanitarian

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

LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY Belmont
8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION A 1/2
23 42
SECTION 44 LOT 46
44 46 48 50
NEAREST TOWN Wendell
52
MILES FROM TOWN (ENTER 0 IF IN TOWN) 1
73 76 79 82

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
 NORTH EAST NORTHEAST SOUTHEAST
 SOUTH WEST NORTHWEST SOUTHWEST
8 9 10 11
NEAR ROAD WHAT County Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST
11 32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34
34 37 40 43 46 49 52 55 58 61 64 67 70 73 76 79 82

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEAREST ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW. SHOW DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING. SHOW 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.

3/30/77 30' well drilled
77' Camp
Belmont Co 36 Bays Pop. Cement W/O
OR
C.B.E.
Philadelphia Md.
{ Jetted down }
30' plus
{ No house - no septic in }
this date
N
BOX NUMBER
E 800
N 520
0/5 5/5
NORTH COORDINATE [] [] [] [] [] [] [] []
50 51 52 53 54 55
EAST COORDINATE [] [] [] [] [] [] [] []
57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) [] [] [] [] [] [] [] []
65 66 67 68 70/0 8/0

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

WRA PERMIT NUMBER

40-73-1941
FILL IN THIS FORM COMPLETELY

B 1 2792
SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN C.O.L.S. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 03-21-77
OWNER: C J Associates (OWNER: Roland T. Mitchell)
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD: 1416 Annapolis Rd
COL 36 COL. 55
POST OFFICE: Odenton Md.
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 3/17/77
LICENSE NUMBER: 42
77 80
FIRST NAME: J. A. Carter
DRILLER LAST NAME: Carter
SIGNATURE: [Signature]

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Howard
SUBDIVISION: N/A
SECTION: 44 LOT: 60
NEAREST TOWN: Uterde
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1
73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 14 20
600

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: Ivory Rd.
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): 50
34 37 38 39

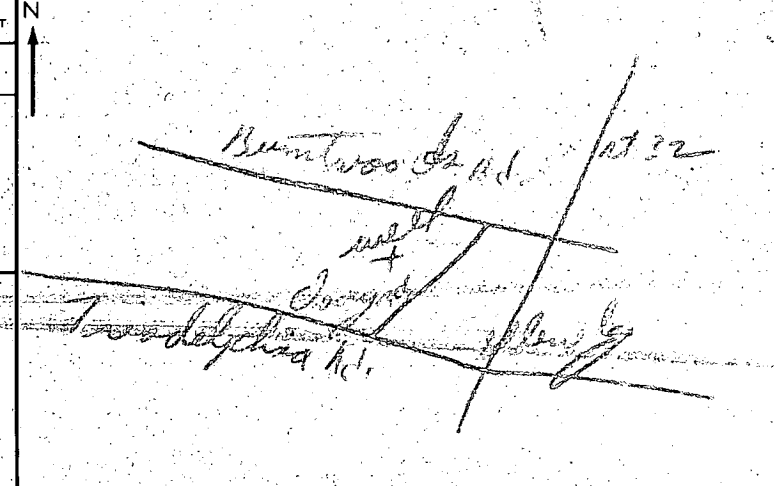
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
P PRIVATE WATER COMPANY
T TEST

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: 150 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: 54
ENGINEER REVIEW DISTRICT NO.: 63
FORCE: [] WRITE INITIALS IN BOX: [] CONDITIONS: []
67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 800 N 520
NORTH COORDINATE: 50 51 52 53 54 55
EAST COORDINATE: 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): 65 66 67 68
0/5 5/5 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 S STATE HEALTH (CIRCLE BOX) COUNTY NAME: Howard COUNTY NO.: W25448
DATE: 032177
APPROVED BY: Donald W. Monaghan, Sanitarian

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

REPAIR SPECS FOR ROLAND T. MITCHELL PROP

A25698

SUBDIVISION:

3837 IVORY ROAD

LOT NUMBER 6C

P 25738

DRY WELL OR DRY WELL AND TRENCH

120 sq. ft./bedroom

Septic Tank

Minimum Total square Feet

3 bedroom 1000 gallon

4 bedroom 1250 gallon

5 bedroom 1500 gallon

ADD 240 SQ FT TO EXISTING 3 BDRM SYSTEM.

Inlet 4 feet below original grade.

Bottom maximum depth 10 feet below original grade.

Effective area begins at 4 feet below original grade.

40 FT OF TRENCH

W/ 6 FT OF STONE.

INLET AT 4'

4-10-84

CWilliam

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 6 feet of stone below distribution pipe.

TRENCHES

sq. ft./bedroom

Trench to be wide.

Inlet feet below original grade.

Bottom maximum depth feet below original grade.

Effective area begins at feet below original grade.

feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION:

ADD 40 FT OF TRENCH TO EXISTING DRYWELL AND
 REPLACE EXISTING TANK WITH 1500 GAL. TANK,
 ORIGINAL TANK TO BE REMOVED OR BROKEN UP AND
 FILLED WITH CLEAN FILL.

4/10/84

CWilliam

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 4/26/77

P 25736

A 25098

INDEXED

William Kellum Backhoe Service

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 22-C, Stoney Run Road, Hanover, Md. 21076

PHONE 796-2366

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____

ROAD 3837 Ivory Road

LOT 6-C

PROPERTY OWNER Roland T. Mitchell

ADDRESS _____

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 - Dig pit 14 ft. square. Set block and top for 8 or 10 ft. diameter and fill in rest of pit with gravel. Inlet to come in at 4 ft. below original grade and maximum depth permitted for dry well is 11 ft. below original grade. Locate dry well 85 ft. from the front lot line and 20 ft. from the left lot line, as seen when facing the lot from Ivory Road.

NOTE: IN NO CASE IS ANY DRY WELL TO 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.

PLANS APPROVED BY Hal Benson

DATE 11/24/76

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.

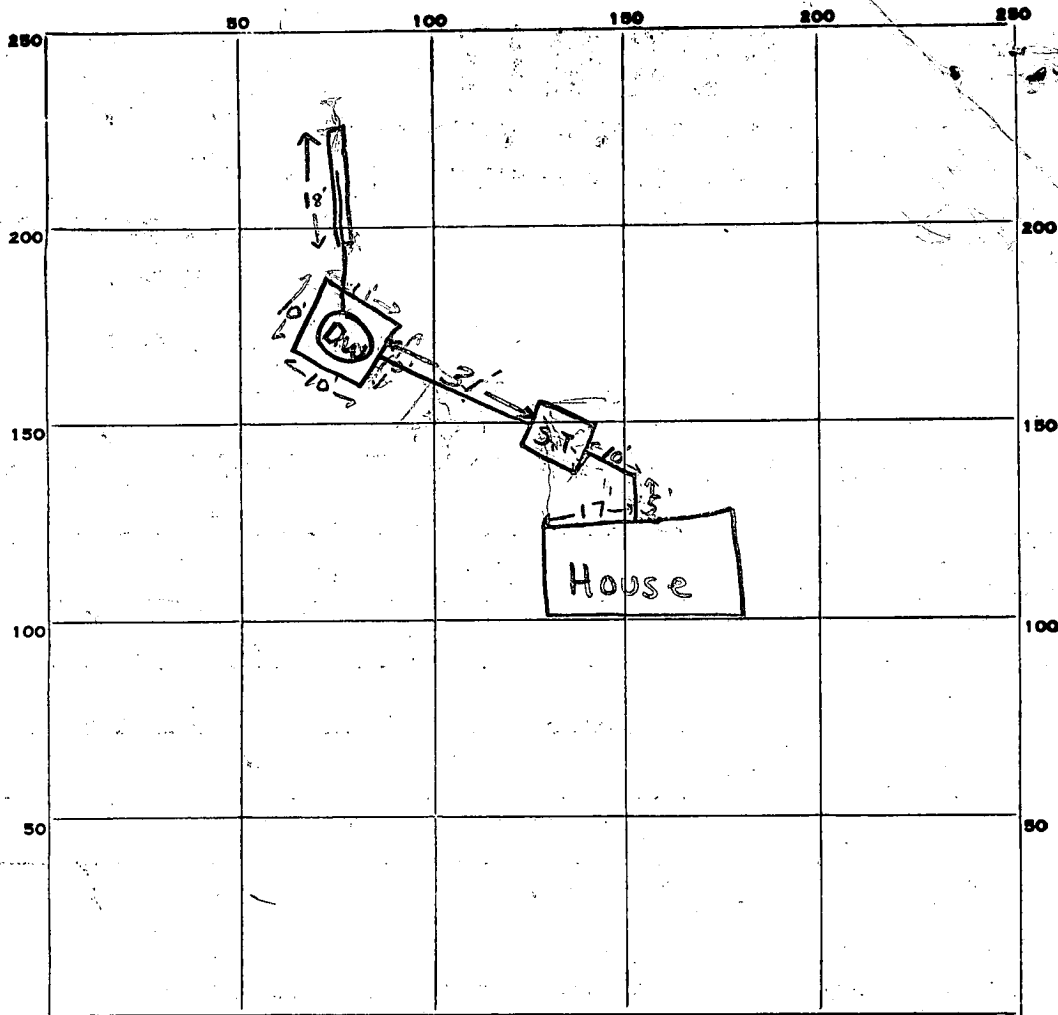
OK to change to a 10'x10' D.W. with a 17' trench (invert @ 4', max 11'; trench to be 11' deep, 7' stand)

R.M.

26 Apr 77

A 25098

Handwritten notes:
4/29/77
after 3:30
O'Neill
could not make it
late pm
First trip



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Ivory Road

PERMIT CARD final O.K.

SEPTIC TANK, LEVEL 1000 gal.

CLEANOUTS

S.T. | D.W.

O.K. | O.K.

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 FT. TOTAL LENGTH 18 FT.

NUMBER OF TRENCHES 1 $\frac{1}{2}$ SIDEWALL TOTAL BOTTOM AREA 126 ϕ

SEE PAGE PITS, OUTSIDE PERIMETER INSIDE DIAMETER 41 FT. DEPTH BELOW INLET 8'; 7' useable FT.

ABSORBENT AREA ± 413 SQ. FT.

REMARKS 4/29/77 Daywell inst 3' trench dug 18x2x11 O.K. for gravel to be placed in trench 4/29/77 O.K. to backfill F.S.

DATE SYSTEM APPROVED 4/29/77

INSPECTOR F. Skinner

APPLICATION

A 25098

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 3rd

DATE 1/6/77

Preliminary
4-13' tested
on 10,000 ft.

10/5/76
10/6/76
9:30

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. G-C

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. 3 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 _____

APPROVED BY hal benson FOR DW & Trench DATE 11-24-76

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS WWZ & HB DATE 10/6/76

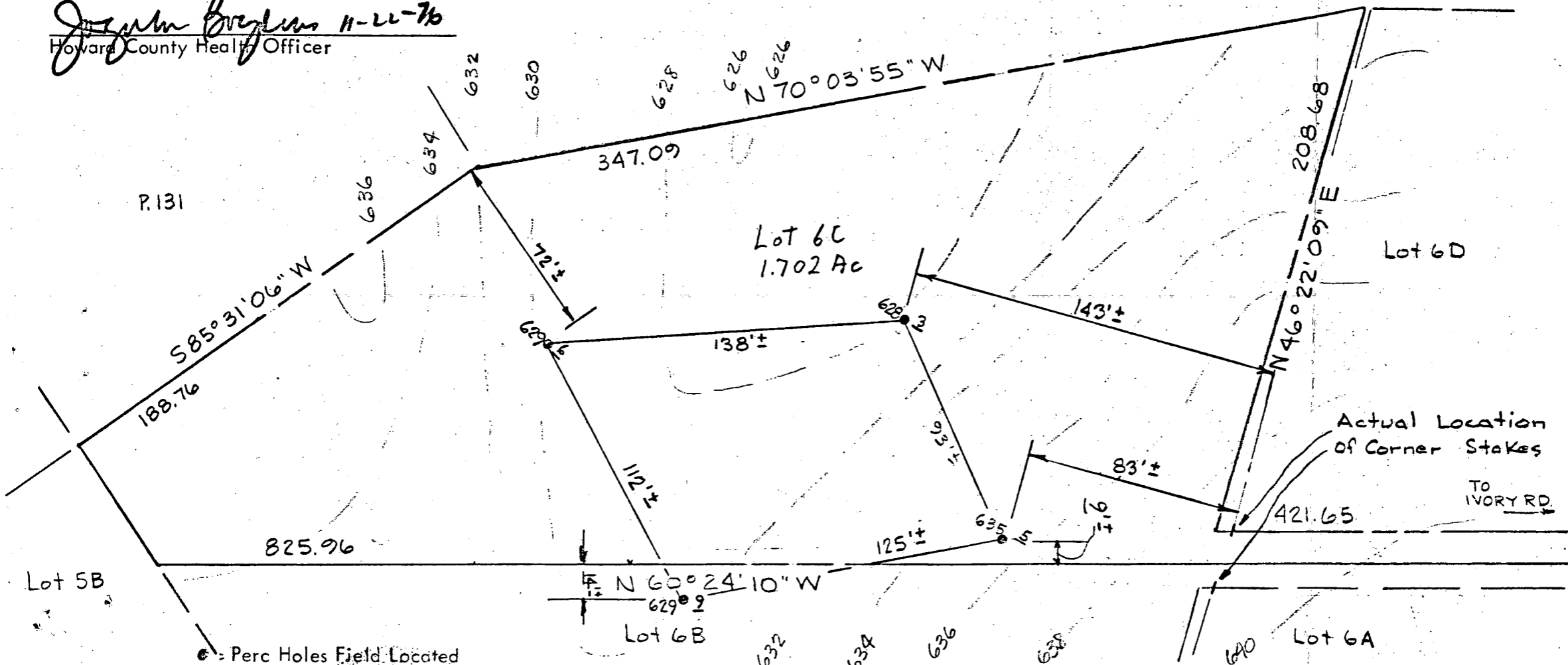
REASONS FOR REJECTION OR HOLDING final plat w field located holes.

THIS IS NOT A PERMIT

The lot shown here on complies with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.
 APPROVED: Private Water and Private Sewer

189/283

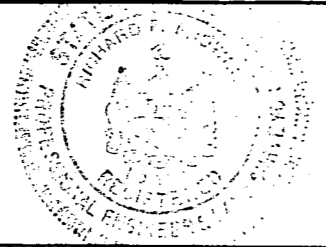
Joseph B. Brown 11-22-76
 Howard County Health Officer

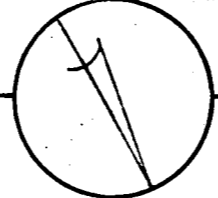


• = Perc Holes Field Located

Actual Location of Corner Stakes TO IVORY RD.

BRUNING 40-105 11334

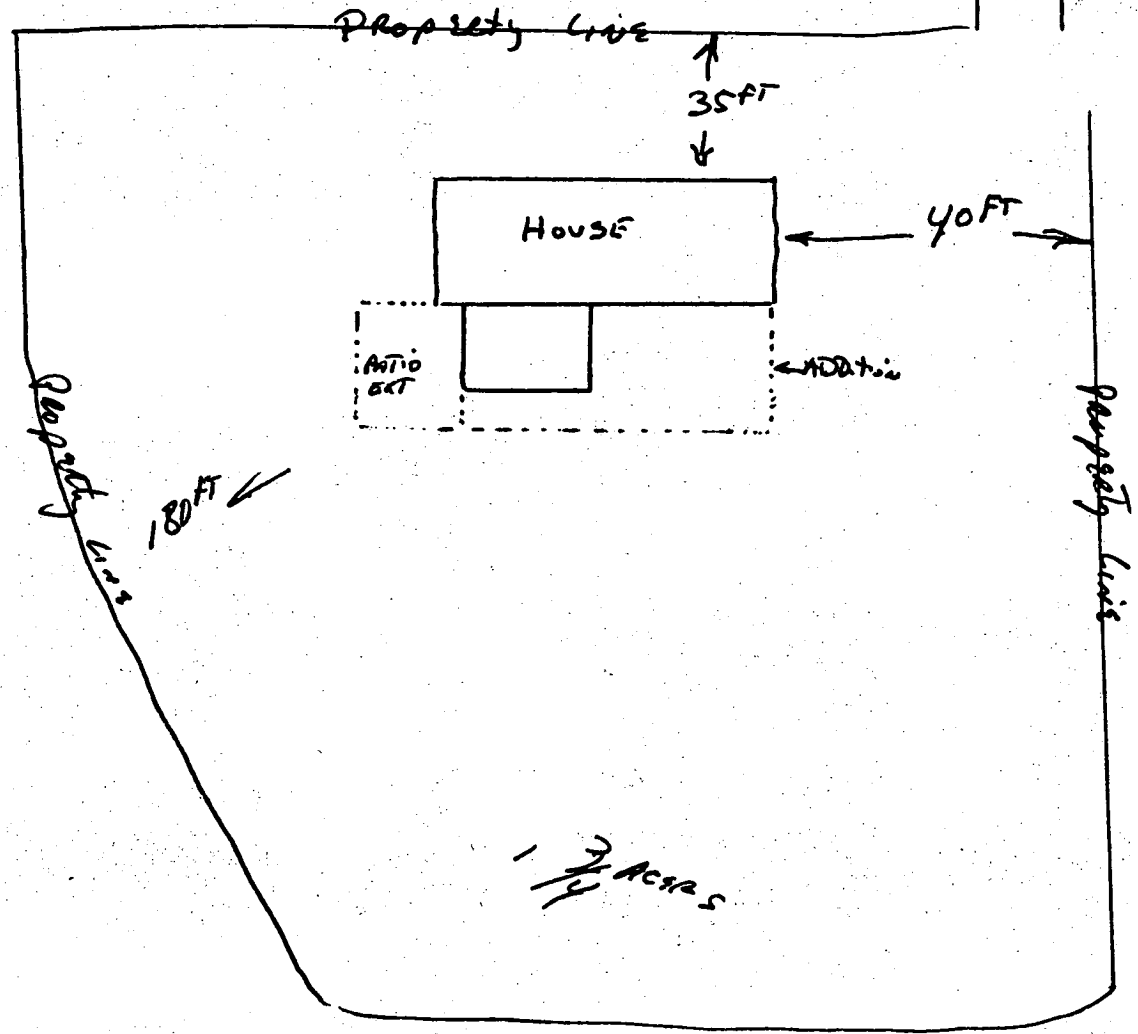


REFERENCE  MERIDIAN
RICHARD P. BROWNE ASSOCIATES
 CONSULTING ENGINEERS, PLANNERS
 WAYNE, N.J. COLUMBIA, MD.

MAP OF PROPERTY OF HOWARD ASSOC.
 SITUATED IN
 3rd Election Dist. Howard Co., Md.
 SCALE: 1" = 50'
 DATE:

TIG DELPHIN

IVORY RD



5/22/84
 Sketch OK
 for addition
 for S

APPLICATION

HOWARD COUNTY PERMIT APPLICATION

SERIAL NUMBER

39010

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE, ELICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

3837 IVORY ROAD GLENELG MD 21737

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

BARN TYPE SHED MOVABLE FRAME WITH T-11 SIDING - FOR STORAGE OF MISC. LAWN YARD EQUIP.

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

60 C 3 6030

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

OWNER'S NAME AND ADDRESS PHONE NO.

ROLAND T. MITCHELL 742-2326 SAME ADDRESS

OCCUPANT'S NAME AND ADDRESS PHONE NO.

SAME

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

SAME

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

SAME

EXISTING USE PROPOSED USE

Single Family Dwelling STORAGE BARN TYPE SHED

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

8800 APPROX

Table with columns: SIZE OF BLDG., FRONT, DEPTH, HEIGHT. Value: 16x20, 16, 20, 12'

Table with columns: TYPE OF BLDG., AREA, VOLUME, ROOF. Value: SHINGLE

Table with columns: FOOTINGS, FOUNDATION, S. WALLS. Value: EXISTING CONC. LAB, WOOD FRAM.

Table with columns: WATER/WELL, SEWER/SEPTIC, GAS, ELECTRICITY, TYPE OF HEAT, AC

I have carefully examined and read the application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with...

Signature: Roland T. Mitchell, Title: OWNER, Date: 7-23-91

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET BACK (CORNER LOT ONLY)

CONDITIONS (IF ANY)

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

Table for APPROVED with columns: FUNCTION, DATE, SIGNATURE APPROVAL. Rows include ZONING/PLANNING, SHA, SEDIMENT/GRADING, BUILDING OFFICIAL, WATER & SEWER, HEALTH DEPT., FIRE PROTECTION, STORM WATER MGM.

APPROVED DATE Distribution of Copies: White - Building Official, Green - Planning & Zoning, Yellow - Engineering, Pink - Health Dept, Gold - S.H.A.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 6, 1991

Reply to:

Mr. Roland T. Mitchell
3837 Ivory Road
Glenelg, Maryland 21737

RE: Building Permit Serial
Number: 39040
Proposed Shed
3837 Ivory Road

Dear Mr. Mitchell:

On July 30, 1991, Jane Nadeau, Sanitarian from the Water and Sewerage Program, Bureau of Environmental Health, was on the above referenced property to inspect the proposed shed location. Mrs. Nadeau observed your well to be 3 feet from the existing concrete slab which will act as the base of the proposed shed.

Well Construction regulations COMAR 26.04.04.05 require that all new wells, as of 1980, be a minimum of 30 feet from foundations. Prior to 1980, a general recommendation of a minimum of 10 feet to foundations was in place.

It is recommended that you keep a minimum of 10 feet from your proposed shed to the well. This will also allow for access to the well during repairs. Please understand that approval of the building permit will be pending the resolution of this issue.

Please contact this office between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, to discuss this situation.

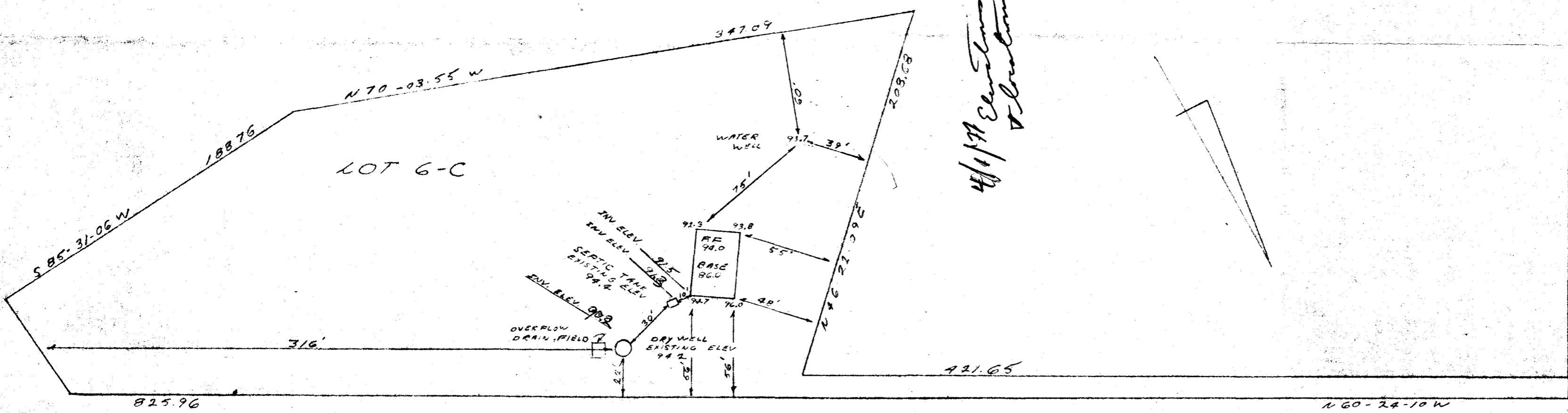
Very truly yours,

Craig Williams

Craig Williams, Director
Water and Sewerage Program

CW: jr

*8/9/91 - Some one called. They will submit
Revised Plans showing Shed
farther from The Well RH*



4/1/77 Elevation ok.
 4/2/77

*changes made by
 Robert Lippmann

I CERTIFY THE ABOVE MEASUREMENTS AND
 ELEVATIONS ARE ACTUAL AND CORRECT
 FOR THIS PROPERTY
 SIGNED: Demetrius J. Smith

SKETCH
 OF
 HOWARD ASSOC.
 PROPERTY