

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50217

A REPAIR

DISTRICT _____

DATE 8/13/94

DATE SYSTEM APPROVED 9/1/94

INSPECTOR M. R. F. Kin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXXX~~ 313-2640

03-295303

INDEXED

Jenkins Brothers _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland PHONE 461-9282

SUBDIVISION _____ LOT _____ ROAD 714 Marriottsville Road

PROPERTY OWNER Agent: Bena Services 301-498-4187

ADDRESS ~~714 Marriottsville Road~~ 12600 Ivory Path
~~Marriottsville, Maryland 21104~~ Laurel MD 20708

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC TANK HAS COLLAPSED. REPLACEMENT OF SEPTIC TANK
Call for inspection when new 1000 gallon concrete tank is in place so that a
sanitarian can approve size and location.

PLANS APPROVED BY _____ DATE _____

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

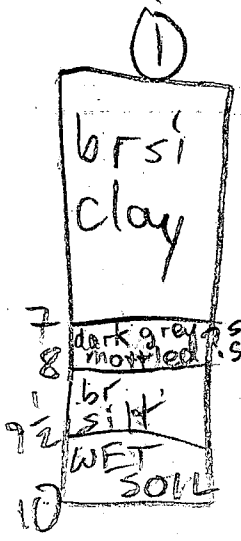
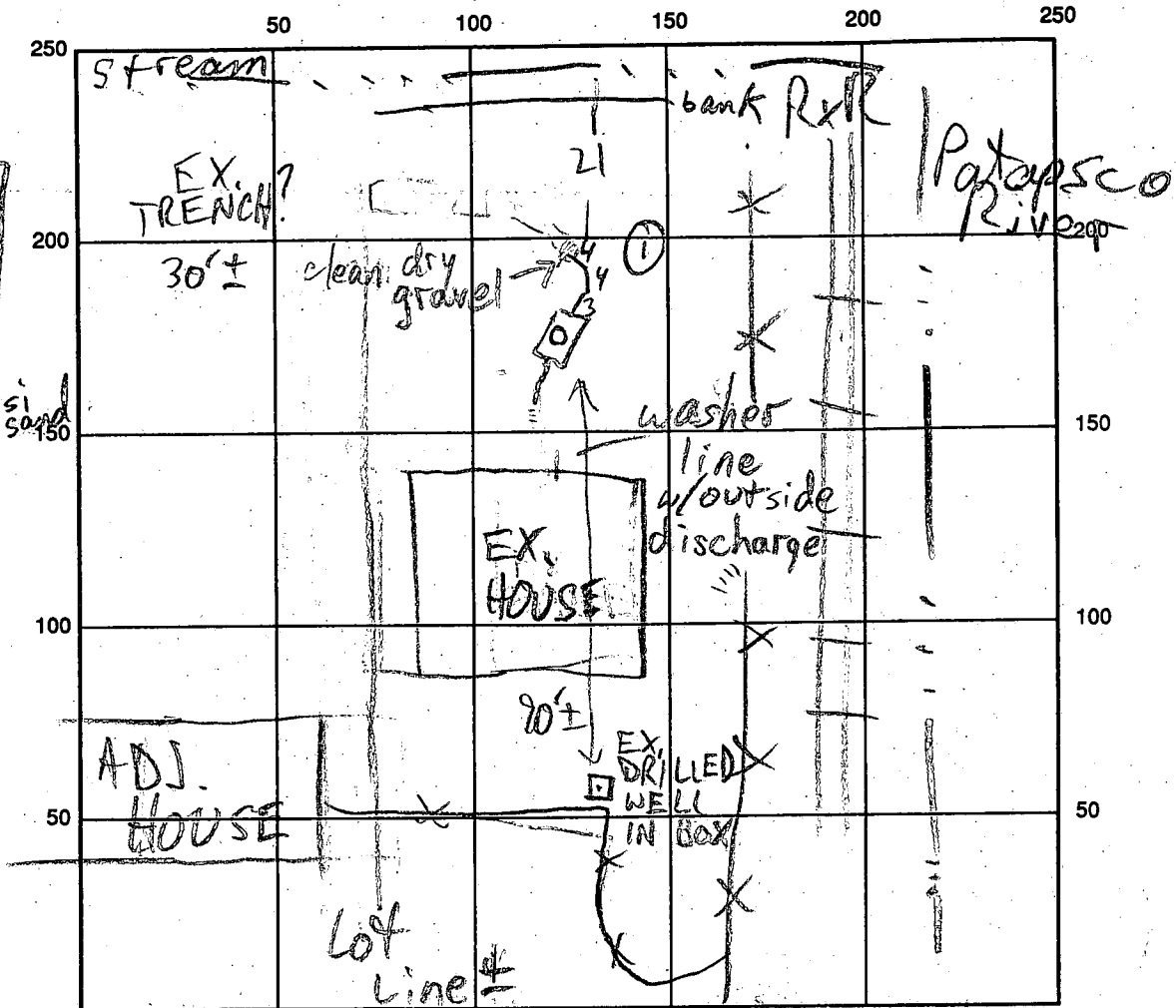
PERMIT VOID AFTER TWO YEARS

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 50217



MARRIOTTVILLE RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL CLEANOUTS MANHOLE ON S.T.

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH FT. TRENCH WIDTH FT. INLET DEPTH FT.

EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.

NUMBER OF TRENCHES ONE SIDEWALL/BOTTOM AREA SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 8/8/94 EX. S.T. REMOVED, OK TO COVER NEW S.T.
TRENCH CONN. MAINTAINED DUE TO DEPTH TO H₂O MR
9/1/94 DYE TEST DONE, NO DISCHARGE OBS'D MR

DATE SYSTEM APPROVED 9/1/94 INSPECTOR M. Ripkin

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 714 Marriottsville Rd. ZIP 21104

OWNER Bronk, Candice ADDRESS same PHONE 442-2737

OCCUPANT _____ ADDRESS 8142 Mid Haven Rd. PHONE _____
Balto MD 21222

REASON FOR INVESTIGATION dumping of raw sewage into
the Patapsco (see attached)

CODES _____

RECEIVED BY Mr. Hodges DATE 9/17/93 ASSIGNED TO Mark Rifkin DATE 9/20/93

DATE OF INVESTIGATION 9/20/93 TIME 1:30 WEATHER cool

REPORT _____

UPON INSP, 4' DEEP PIT W/SEWAGE IN BOT FOUND;
PIT IS OVERGROWN W/S.T. MANHOLE IN DISARRAY;
NO AREA TO REPAIR, BUT NOT CLEAR EXACTLY WHAT
IS CAUSING SEWAGE PUDDLING IN PIT; T/C W/OWNER
WHO WILL CALL CONTRACTOR + SET UP REPAIR

DATE MR
10/21/93 NO REPAIR REQUESTED; FOLLOW-UP REVEALS
HOUSE ~~IS~~ IS SOMEWHAT EMPTY, + PASSERBY REPORTS
HOUSE IS FOR SALE; NO SEWAGE OVERFLOW OBS'D MR

DATE SUBMITTED _____ SANITARIAN _____

~~Pat~~
~~Pat~~
Ken Schmidt
Western

RECEIVED
SEP 2 1993
GROUND WATER
MANAGEMENT DIVISION

JAMES R. HORNER JR.
8142 MID HAVEN RD
BALTO., MD 21222

MD DNR
WATER RESOURCES ADMIN.
TAWES STATE OFFICE BLDG.
ANNAPOLIS, MD 21401

DEAR SIRs,

RECENTLY I WAS IN THE MARRIOTTSTVILLE MARYLAND AREA AND I NOTICED WHAT I CONSIDER TO BE A MAJOR VIOLATION OF MARYLAND WATERWAYS. WHILE FISHING IN THE PATAPSCO RIVER I TOOK A DETOUR UP A SMALL TRIBUTARY THAT CONNECTS TO THE PATAPSCO. WHEN I REACHED THE BACK YARD OF 714 MARRIOTTSTVILLE ROAD I SAW A COLLAPSED SEPTIC TANK AND WHAT APPEARED TO BE DRAINAGE FROM THE ABOVE MENTIONED ADDRESS. IT IS MY OPINION THAT THE PIPES COMING FROM THE HOUSE ALLOW RAW SEWAGE OR OTHER POLLUTANTS INTO THE TRIBUTARY WHICH FEEDS THE PATAPSCO RIVER. PLEASE INVESTIGATE THIS MATTER AND LET ME KNOW OF YOUR FINDINGS.

THANKS,
James R. Horner Jr.

JAMES R. HORNER JR.

RECEIVED

SEP 10 1993

WESTERN
COMMUNITY SERVICES

SITE INSPECTION SHEET

~~442-2737~~ : Candise
OWNER: Kerry Brook 442-2737

disconnected 10/20/93 MR

ADDRESS: 714 Mariottsville Rd
Mariottsville
21104

DATE REQUESTED: _____

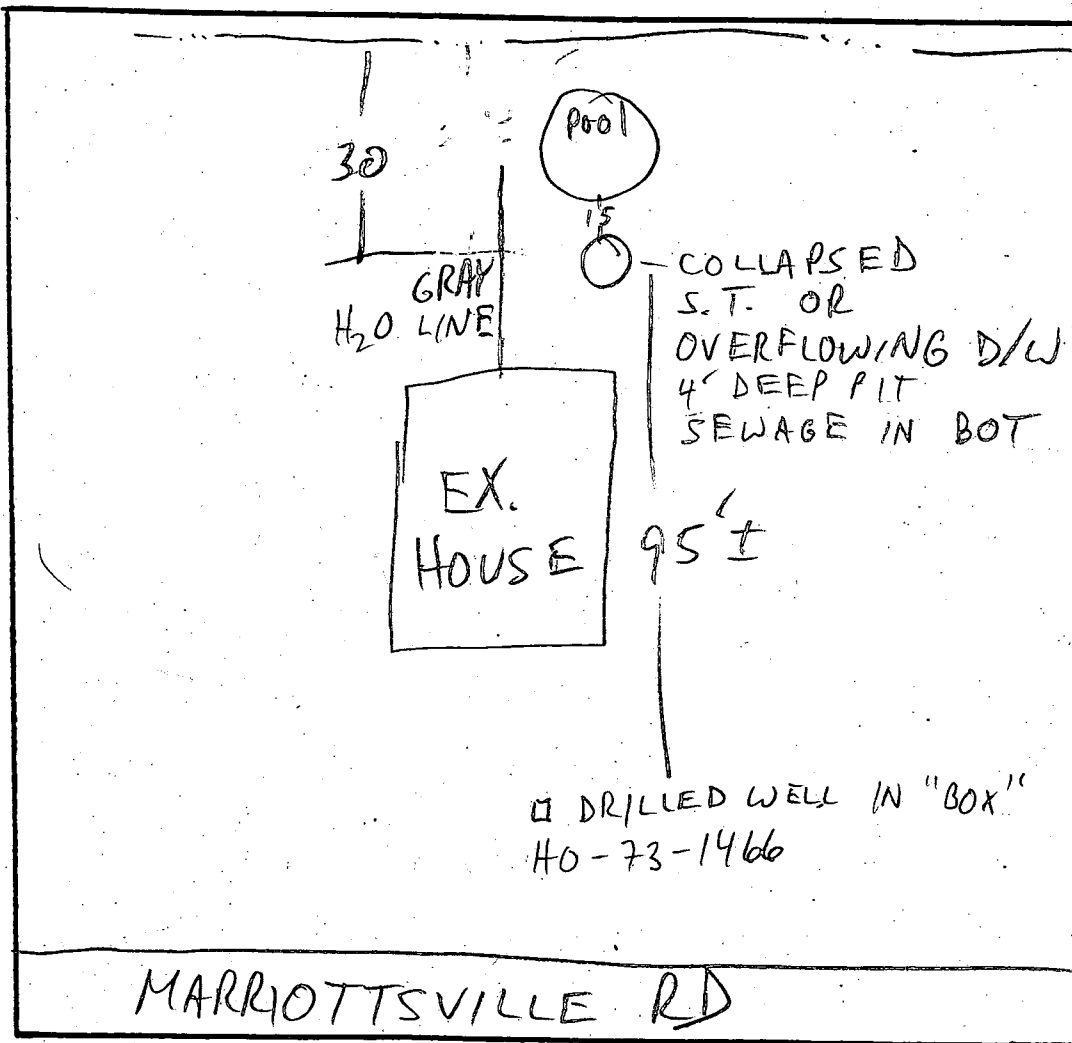
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: SEE ATTACHED COMPLAINT SHEET

DATE: 9/20/93

INSPECTOR: M. P. [Signature]

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT

DATE

3

4-9-59

Fill installed - not approved

ROB 17 Aug 59

INDEXED

Tignor, William

IS PERMITTED TO INSTALL

ALTER

X

ADDRESS

Marriottsville Rd, Marriottsville

PHONE

Davis 8* 2309

A SEWAGE DISPOSAL SYSTEM LOCATED AT

714

Marriottsville Rd. Across from Post Office.

SUBDIVISION

ROAD

LOT

PROPERTY OWNER

~~Tignor, William,~~

Brook, Candice

ADDRESS

Same as above.

SPECIFICATIONS

DRAIN FIELD DEPTH 3 FEET, BOTTOM AREA 390 SQ. FT.

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

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Distance fom stream to be at least 10 feet, and from trees to be the same.

PLANS APPROVED BY

James E. Hennigan, Santarian.

DATE

4-9-58.

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 00668

13400

	50	100	150	200	250
250					
200					
150					
100					
50					

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

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 _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

A 00668
P 00727

ELLICOTT CITY

DISTRICT 3

DATE 8-30-59

*390 sq. ft. tile field
750 gal. capacity tank.*

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 Tignor, William

ADDRESS Marriottsville Rd., Marriottsville PHONE Davis 8-2309

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Marriottsville Rd. across from Post Office

OCCUPANT William Tignor PHONE above

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1/2 acre TYPE BLDG. 2
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE old house - in existence over 30 years,

SIGNATURE OF APPLICANT William Tignor Jr.

APPROVED BY J. Hennigan FOR Tile Field DATE 4-7-59
(KIND OF SYSTEM)

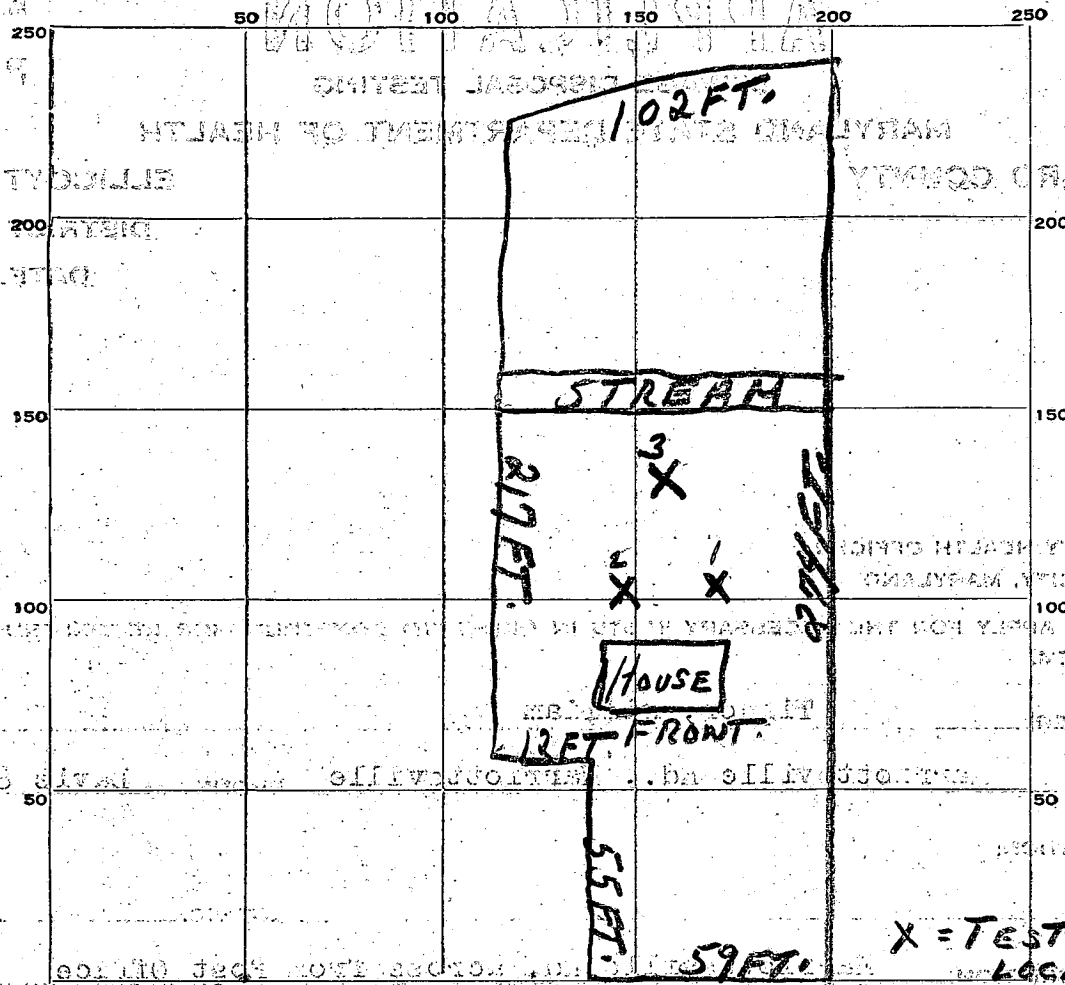
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

A 00668

THIS IS NOT A PERMIT



X = TEST HOLE LOCATIONS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-7-59	1	3 FT.	1:02	1:12	1:12	1:27	15 Minutes
	2		1:03	1:22	1:22	1:46	24 Minutes
	3		1:04	1:11	1:11	1:23	12 Minutes

SOIL AUGER FINDING

TESTED BY *J.H.*

REMARKS *Base calculations for a 3 bedroom house.*

ALSO PRESENT *owner. William G. Jones* LOT NO.

1 2 3 (SEQ. NO.) 6
7589
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 5/27/76 1:30
OWNER: COL 15 LAST NAME, FIRST NAME, COL. 34
STREET OR RFD: COL 36, FILE COL. 55
POST OFFICE: COL 57, FILE COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 5/11/76 LICENSE NUMBER: 209
FIRST NAME: Howard, DRILLER, LAST NAME: Dillon
SIGNATURE: [Handwritten Signature]

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: 23, FILE 42
SECTION: 44, LOT: 46, FILE 50
NEAREST TOWN: MARRIOTTSVILLE 52, FILE 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 0, FILE 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5, FILE 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 300, FILE 14 20

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: MARRIOTTSVILLE RD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N, S, E, W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 34, 50, FILE 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
P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

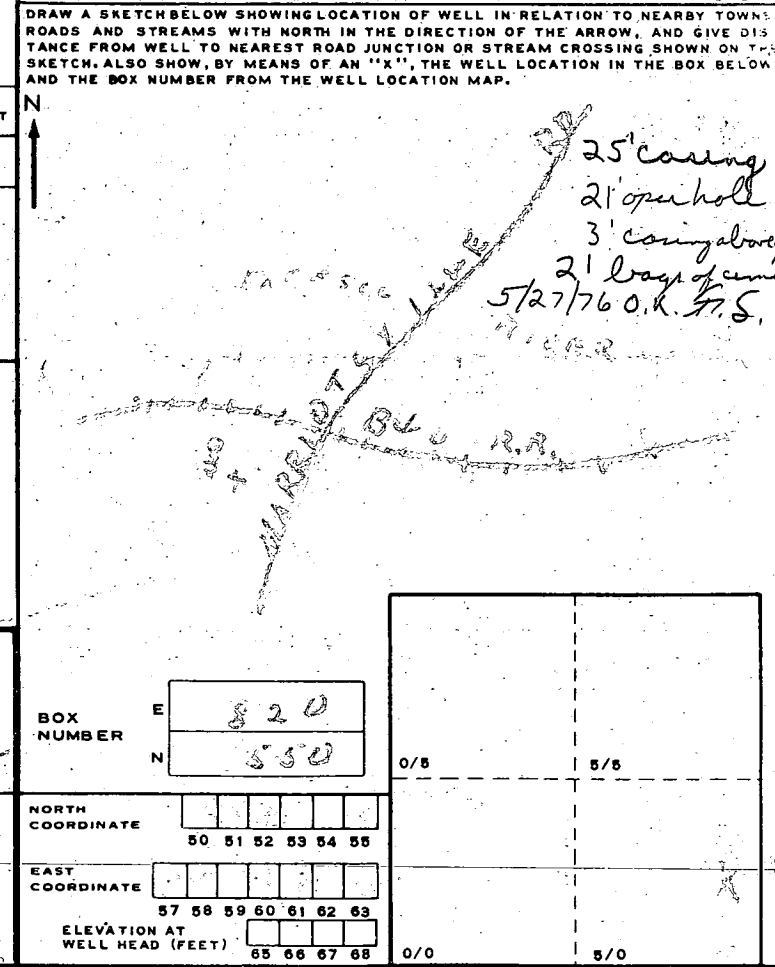
APPROXIMATE DEPTH OF WELL: 150 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
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)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: [Grid]
ENGINEER REVIEW DISTRICT NO.: [Grid]
FORCE: [Grid]
CONDITIONS: [Grid]

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
STATE HEALTH (CIRCLE BOX)
COUNTY NAME: HOWARD COUNTY NO.: W11067
DATE: 7 21 75
APPROVED BY: Donald [Signature]



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

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

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

DATE RECEIVED (WRA USE ONLY) 6/2/76 DEPTH OF WELL 100
 DATE WELL COMPLETED 6/2/76 (TO NEAREST FOOT) 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 90-14-1940
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 209

OWNER: SCHISSLER, Philip
 LAST NAME FIRST NAME
 STREET OR RFD: 714 Harriottsville POST OFFICE: Harriottsville, Md. 21104

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	
Rock Boulders	0	30	
Micro Rock	30	100	X

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT CM BC BENTONITE CLAY
 45 46 45 46
 NO. OF BAGS 20 NO. OF POUNDS 1900
 GALLONS OF WATER 160
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 30 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL ST CONCRETE CO
 PLASTIC PL OTHER OT
 MAIN CASING TYPE S T
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 30

OTHER CASING (IF USED)
 DIAMETER (INCH) DEPTH (FEET) FROM TO
 [] [] [] []
 [] [] [] []

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL ST BRASS OR BRONZE BR HO
 PLASTIC PL OTHER OT

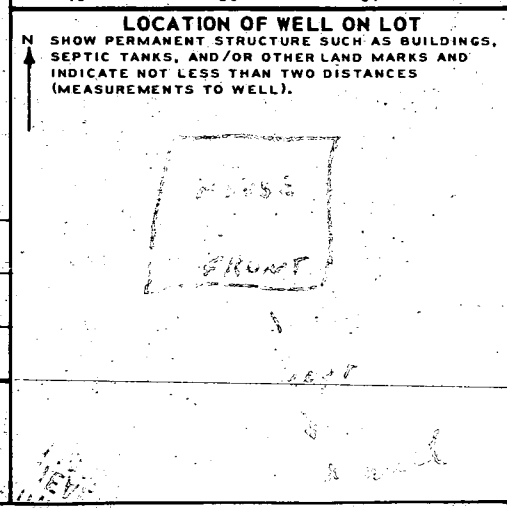
SCREEN
 C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT)
 FROM TO
 1 10 30 100
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 TELESCOPE CASING 70 72 LOG INDICATOR 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST
 C 3 (SEQ. NO.) 6
 HOURS PUMPED (TO NEAREST HOUR) 6
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 50
 METHOD USED TO MEASURE PUMPING RATE IEE
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 12 (NEAREST FOOT) 17 20
 WHEN PUMPING 25 (NEAREST FOOT) 22 25
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A 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) 29
 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 (NEAREST FOOT)
 - BELOW } 50 51



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.
 DRILLER'S NAME: Howard Dillon
 (PLEASE PRINT)
 SIGNATURE: Howard Dillon