

5/10/96
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-279618

P 56612

A REPAIR

DISTRICT _____

DATE 5/9/96

DATE SYSTEM APPROVED 5/10/96

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~HEK-9933~~ 313-2640

INDEXED

Ed Linsenmeyer _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 9304 Migan Road Randallstown, MD PHONE _____

SUBDIVISION _____ LOT _____ ROAD 10387 Cavey Lane

PROPERTY OWNER Marion Ashburn

ADDRESS 10387 Cavey Lane
Woodstock, MD 21163

SEPTIC TANK CAPACITY existing GALLONS (2 new 4" 6" dia. sch 40 PVC Baffles to be added to existing ST.)

NUMBER OF BEDROOMS 2 (allowed for 3)

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 94

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is open so sanitarian can recommend repair. 05/09/96
dks

Install one 94 ft long, 6 ft deep, 2 ft wide, inlet at 2 ft, 4 ft stone fill trench
OK to use existing septic tank, if new baffles installed. Abandon & fill both failed
septic dry wells and old septic trench. AP 5/10/96

PLANS APPROVED BY [Signature] DATE 5/10/96

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

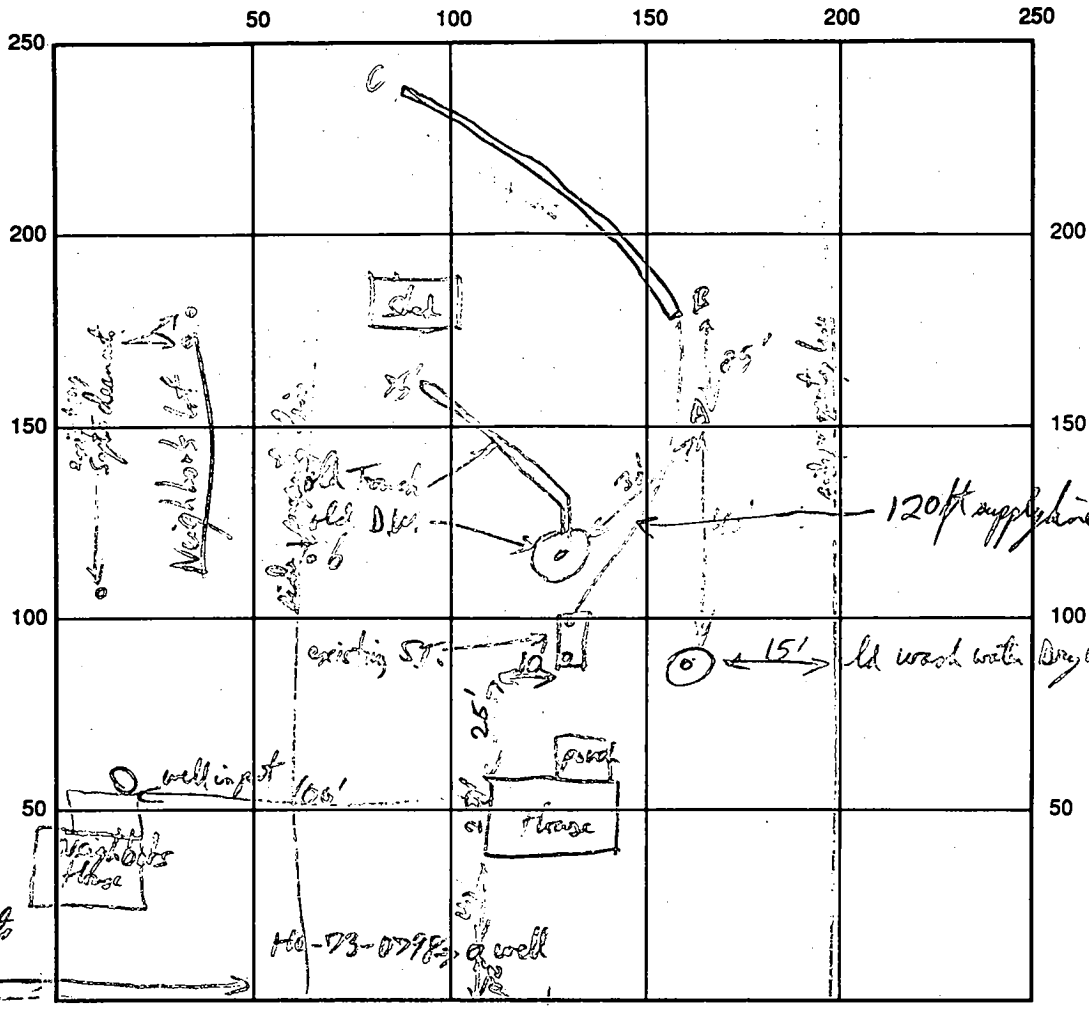
PERMIT VOID AFTER TWO YEARS

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**

A 56612



SEPTIC TANK LEVEL existing local CLEANOUTS existing ST
 DISTRIBUTION BOX LEVEL NA
 DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 94 FT.
 NUMBER OF TRENCHES one ONE SIDEWALL/BOTTOM AREA 376 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: Both dry wells and septic tank were pumped over weekend inside planning to be changed
to run all wastewater into driveway (New Balls added) Septic Tank in a position to cement wastewater
use. Trench is good soil allway, mostly grass & filled - OK to cover when finished 5/10/96 RPP
Plan to place a rain to drain Manhole on S.T. to surface.

DATE SYSTEM APPROVED 5/10/96 INSPECTOR RPP

APPLICATION

PERCOLATION TESTING

A Repair
P 56612

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

see old Septic Repair DATE 5/10/96
P 26229 on 6/28/89

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Marion Ashburn

ADDRESS 10387 Covey Lane, Woodstock, MD 21163 PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 10387 Covey Lane - on S/S about 100 ft W/O P Porkie Road.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR Repair DATE 5/10/96

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

6/30/77 partial
7/1/77
[Signature]

Approved
7/1/77
T.S.O.

PERMIT

P 26229

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 6/27/77

Russell Wiebking IS PERMITTED TO INSTALL ALTER

ADDRESS 10101 Maplewood Drive, Ellicott City, Md. 21043 PHONE 465-2771

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 0387 Cavey Lane LOT _____

PROPERTY OWNER Marion C. Ashburn

ADDRESS Cavey Lane, Woodstock, Md.

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER REPAIR - Call for inspection when ground is opened up and Sanitarian will

recommend repair system. OK - to gravel trench - get statement

from owner

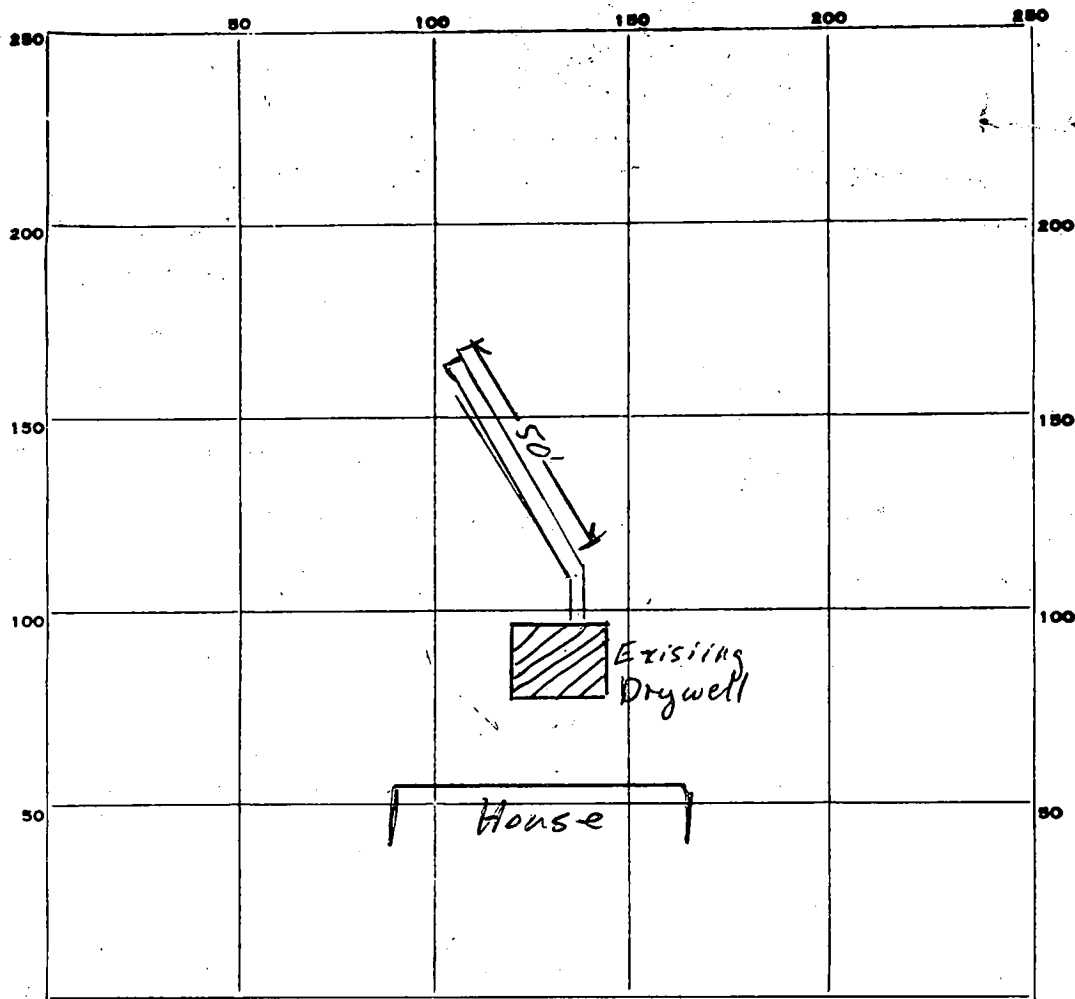
PLANS APPROVED BY Palmer F. Wine DATE 6/27/77

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.

I hereby certify that the septic system repair trench is at least 10 feet deep with seven (7) feet of stone under the pipe.
Owner: Mrs. Adelaide Ashburn

P 26229



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Cavey Rd.

PERMIT CARD OK

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH 84 IN. TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES 1 *Sidewall Area* 350 ft²
~~TOTAL BOTTOM AREA~~

SEEPAGE PITS, INSIDE DIAMETER _____ FT. ~~DEPTH BELOW INLET~~ _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS *Install 50' trench off of drywell, following contour, 10' deep at shallow end. Install 7' of stone. Call for inspection before adding stone. 6/30/77 T.S.O.*

DATE SYSTEM APPROVED 7/1/77

INSPECTOR Thomas S. Ogle

8/20/74 - 2PM

p 26229

Ashburn well

1/4 mi. is on right
in front of property,
on Carey Road.

7910
REGISTRATION NO. (WRA USE ONLY)
DATE RECEIVED (WRA USE ONLY)
8/20/74
2PM

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

WRA PERMIT NUMBER
0798
FILL IN THIS FORM COMPLETELY

OWNER: ASHBURN MARION
STREET OR RFD: 10387 CAVEY RD
POST OFFICE: WOODSTOCK MD 21163

DRILLER INFORMATION
DATE: 7/30/74
LICENSE NUMBER: 209
DRILLER: HOWARD DILLON
FIRM: Howard Drilling

LOCATION OF WELL
COUNTY: HOWARD
SUBDIVISION: 28
SECTION: 44
LOT: 48
NEAREST TOWN: WOODSTOCK
MILES FROM TOWN: 1

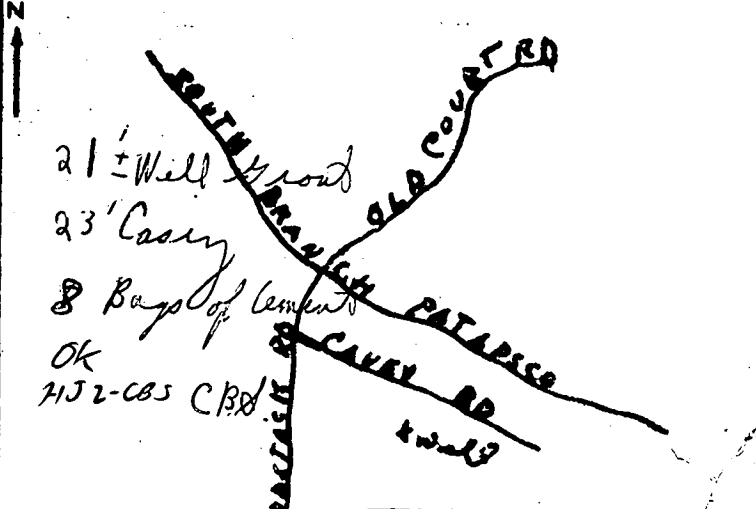
WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
AVERAGE QUANTITY NEEDED (GALLONS PER DAY): 300

DIRECTION FROM TOWN
NORTH, EAST, SOUTH, WEST, NE, SE, NW, SW
HEAD WHAT: CAVEY RD
ON WHICH SIDE OF ROAD: SOUTH
DISTANCE FROM ROAD: 52

USE FOR WATER (CIRCLE APPROPRIATE BOX)
A. DOMESTIC USE (DOUBLE HOUSEHOLD UNIT ONLY)
B. AGRICULTURE, IRRIGATION
C. INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
D. MUNICIPAL WATER SUPPLY
E. PRIVATE WATER COMPANY

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
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
METHOD OF DRILLING USED: JETTED
OTHER DESCRIBE:



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
A. THIS WELL WILL NOT REPLACE AN EXISTING WELL
B. THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
C. 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 (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: 84
ENGINEER REVIEW DISTRICT NO.: 05
FORCE: 07 08
CONDITIONS: A E N S G W Q C L U

BOX NUMBER: E 830, N 540
NORTH COORDINATE: 60 61 62 63 64 65
EAST COORDINATE: 07 08 09 10 11 12 13
ELEVATION AT WELL HEAD (FEET): 04 05 06 07 08

HEALTH DEPARTMENT APPROVAL
COUNTY NAME: HOWARD
COUNTY NO.: W20448
DATE: 8/17/74
APPROVED BY: Donald W. Monaghan, Sanitarian

SPECIAL CONDITIONS 8-99

B 1 **7910** SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COES. 3-6 ON ALL CARDS)

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

WRA PERMIT NUMBER

 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 OWNER ASHBURN MARION
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD 10387 CAVEY RD
 COL 36 COL. 55
 POST OFFICE WOODSTOCK MD 21163
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE 7/30/74 LICENSE NUMBER 209
 77 80
HOWARD Dillon
 FIRST NAME DRILLER LAST NAME
 SIGNATURE Howard Dillon

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY HOWARD
 8 (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION _____ 23 42
 SECTION _____ LOT _____ 44 46 48 50
 NEAREST TOWN WOODSTOCK 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) _____ 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

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 CAVEY RD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
 32 32 32 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) _____ 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 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 _____ 24 28 FEET
150

APPROXIMATE DIAMETER OF WELL _____ (NEAREST INCH)
6

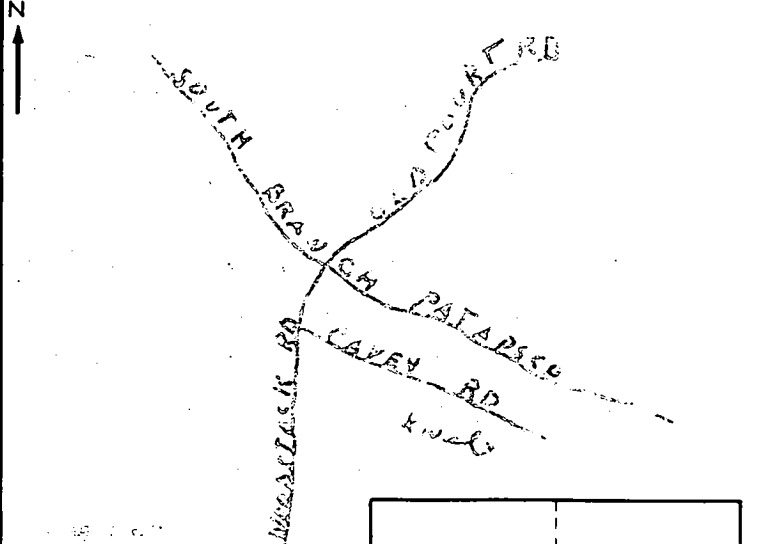
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 80-87 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE) _____

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 _____ ENGINEER REVIEW DISTRICT NO. _____
 FORCE _____ WRITE INITIALS IN BOX _____ CONDITIONS _____
 67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 41 STATE HEALTH (CIRCLE BOX) COUNTY NAME _____ COUNTY NO. _____
 MO. DAY YR. _____
 DATE 7 30 74 APPROVED BY _____
 43 48

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.



BOX NUMBER E 830
 N 540
 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 5/0

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

SEQUENCE NO. (WRA USE ONLY)
7074

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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) 8-16-74 DATE WELL COMPLETED 8-16-74 DEPTH OF WELL 150 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 209

8-13 15 20 DRILLERS' IDENTIFICATION NO. 209

OWNER ASHBURN MARION LAST NAME FIRST NAME

STREET OR RFD 10387 CAVEY RD POST OFFICE WOODSTOCK 21163

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	
<i>Mica soil</i>	0	25	
<i>Granite Rocks</i>	25	150 X	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY

NO. OF BAGS 10 NO. OF POUNDS 987

GALLONS OF WATER 110

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 23 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 23

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE H O S T B R P L O T

STEEL BRASS OR BRONZE PLASTIC OTHER

SCREENS

DEPTH (NEAREST WHOLE FOOT) FROM TO

1 HO 23 150

2

3

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 80 (NEAREST FOOT)
 WHEN PUMPING OUT (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 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

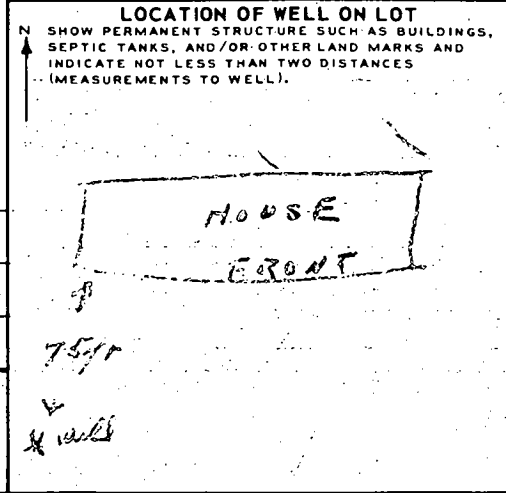
CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE
 BELOW } 2 (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

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 HOWARD D. HOWE

SIGNATURE Howard D. Howe