

PERMIT

P 19699
58081B
A 09909

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 3/27/74

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Glenelg, Maryland

PHONE 286-2939

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Beaufort Park

ROAD Beaufort Drive

LOT 1, Blk. F, Plat 2

PROPERTY OWNER Charles Corcoran

ADDRESS

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - Dig pit 13 ft. square - set block and top for 12 ft. diameter and fill in rest of pit with gravel. Dry well to have 7 1/2 ft. effective depth below the first 4 1/2 ft. of non-absorbent ground. Maximum depth permitted for dry well is 12 ft. below original grade. Come off dry well with trench 2 ft. wide, 12 ft. deep, with 7 ft. of gravel under pipe. Trench to be 50 ft. long and go to right of dry well (across slope - to right sideline). Leave ~~buffer~~ buffer space of 5 ft. between trench and dry well. Call for inspection of trench before gravel is installed (run solid pipe off dry well to beginning of trench). Place dry well 110 ft. from rear lot line and 51 ft. from left sideline as seen when facing lot from Beaufort Drive.

PLANS APPROVED BY R. Fletcher & D. W. Monaghan

DATE 3/31/65 & 11/7/73

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. 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.

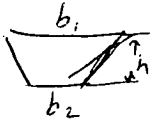
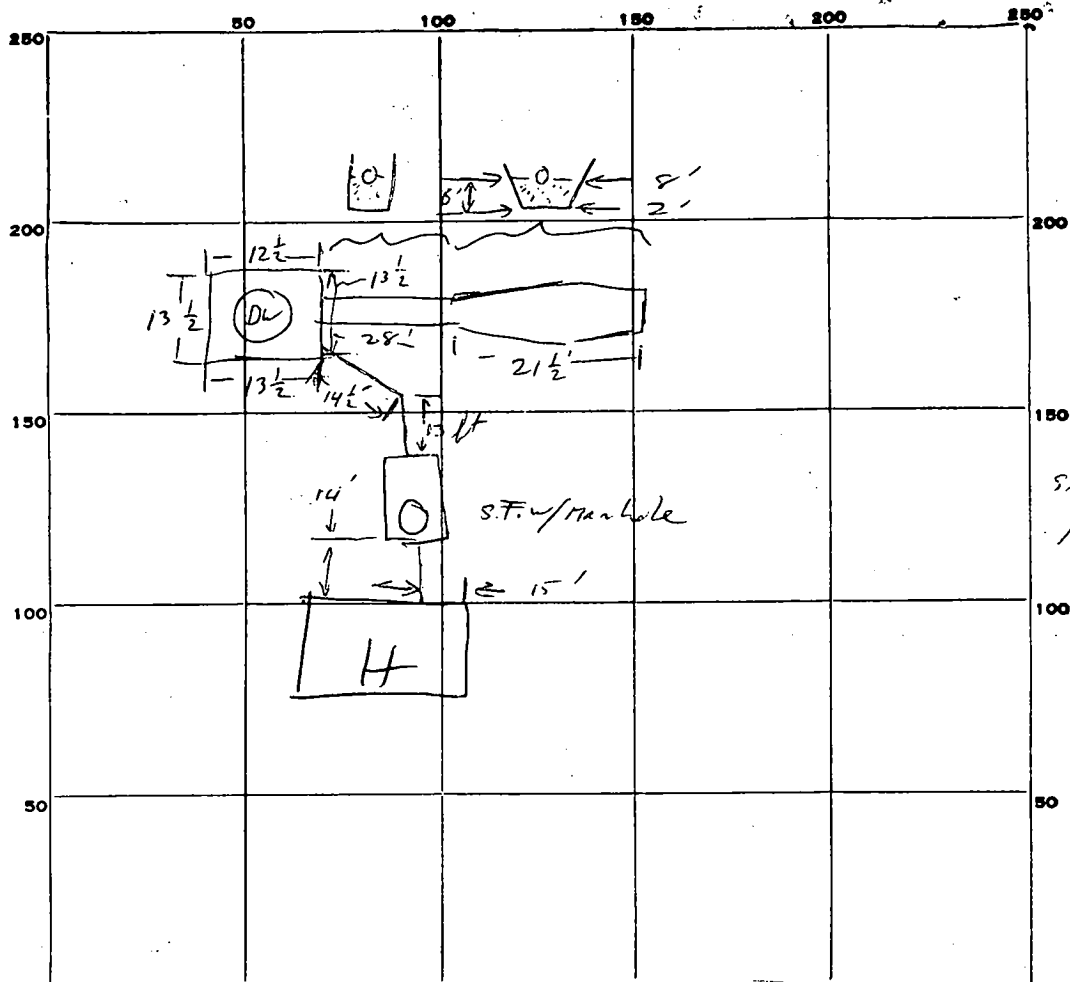
Handwritten calculations:
26
+364

390 +
350

740

Handwritten numbers:
A
58081B
09909

Handwritten notes:
4/1/74
after 12 noon
4/10/74
as soon as possible



$$A = \frac{1}{2}(b_1 + b_2) \times h$$

$$= 5 \times 6$$

S. wall
 Area: DL
 $4/24 ft^2$
 Trench - 28
 $168 ft^2$
 Trench - 21.5
 $300 ft^2$

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← Beaufort Drive End of Rd.

PERMIT CARD _____
 SEPTIC TANK, LEVEL _____ CLEANOUTS _____
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH $2 ft$ to $8 ft$. see cross-section FT.
 GRAVEL DEPTH 6 IN. TOTAL LENGTH 50 FT. 12.5
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 53.0 13.5
 SEEPAGE PITS, INSIDE DIAMETER 53 FT. DEPTH BELOW INLET 8 FT. 13.5
 ABSORBENT AREA 892 SQ. FT. 53
 444

REMARKS 1) cement below pipe where it exits S.T. Cement manhole to S.T.

DATE SYSTEM APPROVED $4/10/74$ INSPECTOR *R. Mansfield*

12' visual hole requested 10/23/73 per J.F./L

APPLICATION

A 09909

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 4 bedrooms - 1000 gal
5 bedrooms - 1500 gal.

11/7/73

DISTRICT 5

DATE 3/31/65

Dry Wells - Two dry wells
4 bedroom -
5 bedroom -

Two dry wells each 15 ft diameter and 9 ft deep below inlet pipe
" " " " 15 ft " " 10 ft " " "

Place each Dry Well about 70 ft from rear lot line with one dry well about 45 ft from left side line and second dry well about 80 ft from left side line as seen when facing lot from Beaufort Drive.

TO: THE COUNTY HEALTH OFFICER

ELLICOTT CITY, MARYLAND

* Dry Wells must be 7 ft diameter apart edge to edge

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Anne K. Gray & Susie Kondrup

ADDRESS 5132 Loughboro Rd., Washington 16, D. C. PHONE 588-5454

PROPERTY LOCATION:

SUBDIVISION Beaufort Park LOT NO. 1, Blk. F, Plat 2

ROAD AND DESCRIPTION Beaufort Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 46,587 sq. ft. TYPE BLDG. 4 ~~5~~
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ C. J. Beall

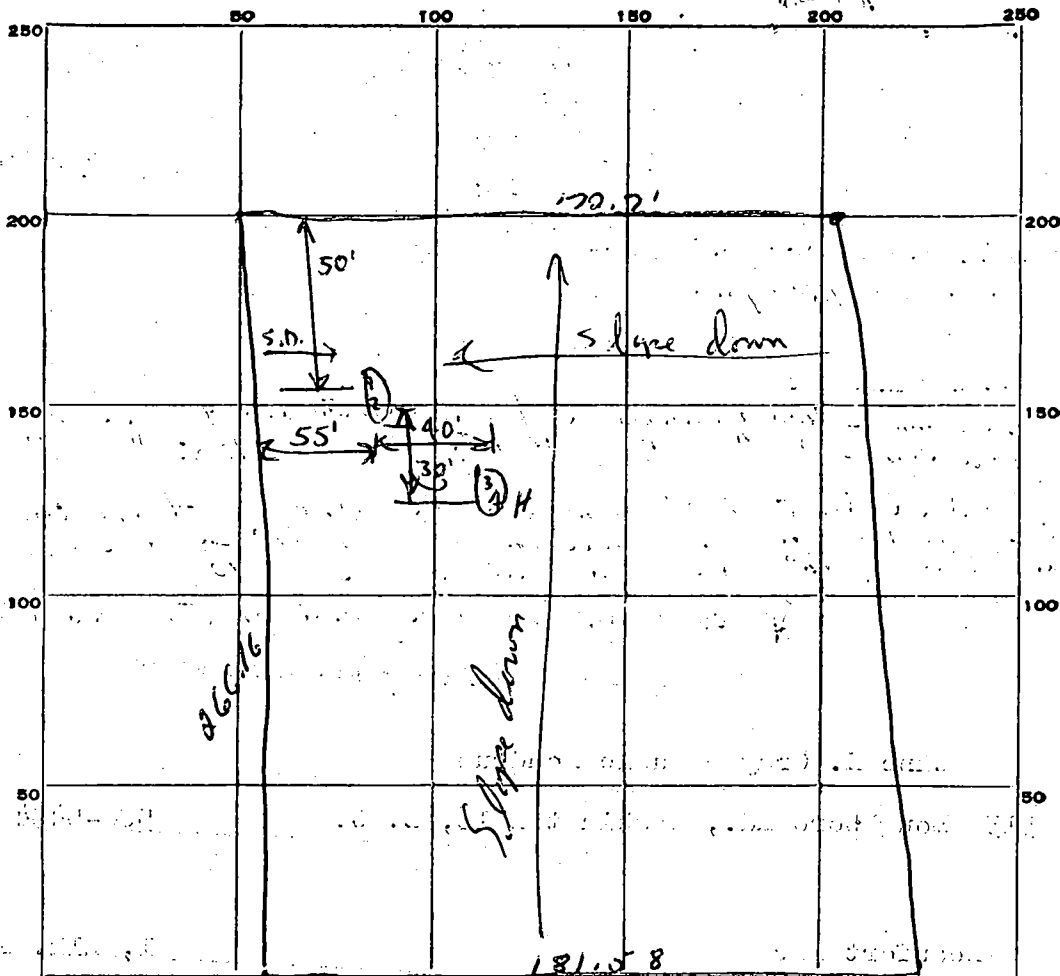
APPROVED BY P. Fletcher FOR Dry wells DATE 4/9/65
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Beaufort Road

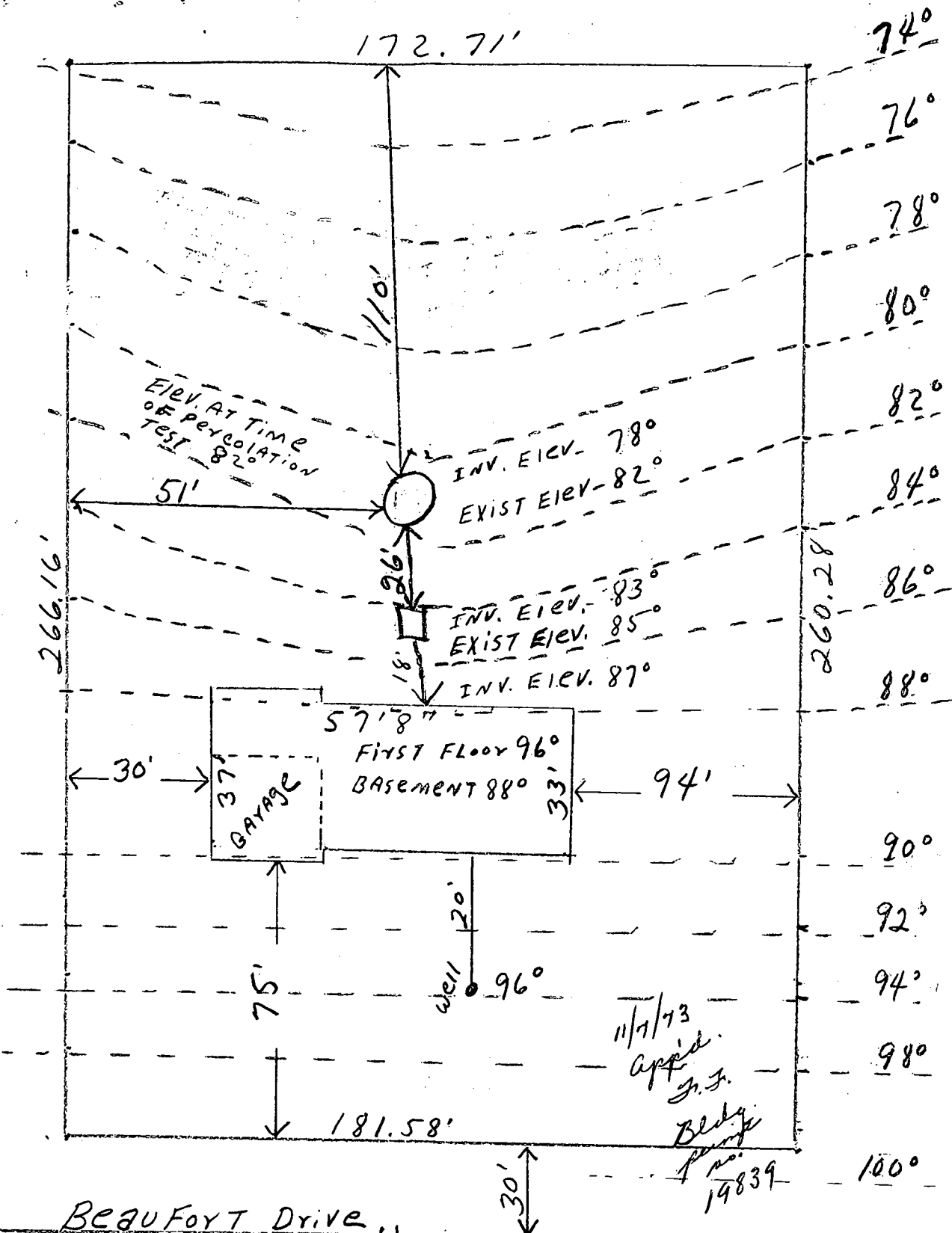
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/7/65	1	9 1/2 ft.	1137	1138	1138	1141	3 mbr.
	2	4 1/2 ft.	1138	1200	1200		Over time 2nd test
	3	9 1/2 ft.	1139	1145	1145	1205	20 min.
	4	4 1/2 ft.	1139	1200	1200		Over time 2nd test
11/7/73	re-insured	hole dug 12'	OK located		5' from		
		left side line and 110'	from		right side line		

SOIL AUGER FINDING

TESTED BY R.D.F. 4/7/65

REMARKS

Lot 1 hill plot 2

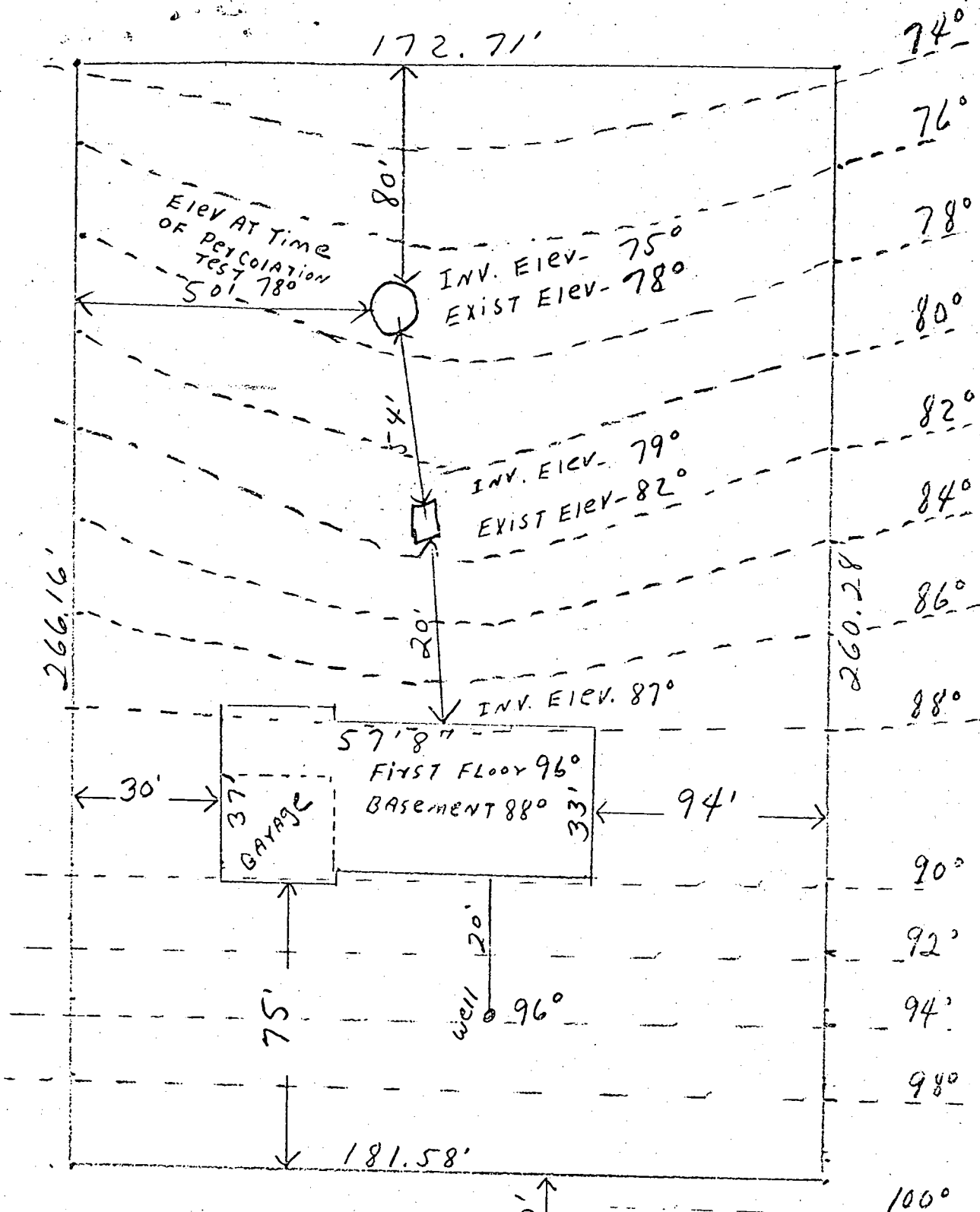


BEAUFORT DRIVE

I CERTIFY THE ABOVE MEASUREMENT AND ELEVATION DIFFERENCE ARE ACTUAL AND CORRECT FOR THIS PROPERTY

J.P. HERR
 Builder
 725-6298

BEAUFORT PARK
 Mr CHARLES COYCOZAN
 LOT 1, BLOCK F
 PLAT BOOK 10 FOLIO 14
 HOWARD COUNTY MD



BEAUFORT Drive

I CERTIFY THE ABOVE MEASUREMENT AND ELEVATION DIFFERENCE ARE ACTUAL AND CORRECT FOR THIS PROPERTY

J P Hines Builder
725-6298

BEAUFORT PARK
Mr CHARLES COYCOYAN
LOT 1, BLOCK F
PIAT BOOK 10 FOLIO 14
HOWARD COUNTY MD

SEQUENCE NO. (WRA USE ONLY) **1640**

DATE RECEIVED (WRA USE ONLY) **3/5/74**

DATE WELL COMPLETED

8-13 15 20

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG. ANNAPOLIS, MD. 21401

WELL COMPLETION REPORT

DEPTH OF WELL **35** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **MD-73-06617A**

DRILLERS IDENTIFICATION NO. **338**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

OWNER **Corcoran** LAST NAME **Charles** FIRST NAME

STREET OR RFD **5903 34th St.** POST OFFICE **Hightstown Md.**

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	
Sand	0	35	
Micro Rock	35	300	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS **11** NO. OF POUNDS **1034**

GALLONS OF WATER **55**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **48** FT. TO **54** 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) **37**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **3**

METHOD USED TO MEASURE PUMPING RATE **(u.i.)**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **60** (NEAREST FOOT)

WHEN PUMPING **30** (NEAREST FOOT)

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

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

OTHER CASING (IF USED)

DIA	DEPTH
(INCH)	(FEET)

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OPEN HOLE

PLASTIC OTHER

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** **38**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE **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.

DRILLER'S NAME **Joseph Maynor**

SIGNATURE **Joseph Maynor**

SCREEN

DEPTH (NEAREST WHOLE FOOT)

FROM **35** TO **300**

SLOT SIZE 1. **56** 2. **60** 3. **60** (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68 F**

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

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).

DATE RECEIVED (WRA USE ONLY)
3/11/74
2:30 P.M.

OWNER: Coleman COL 15 LAST NAME
Charles FIRST NAME COL. 34
 STREET OR RFD: 5903 34th St. COL 36
 POST OFFICE: Wheatville Md. COL 87

B 1 CONTINUED DRILLER INFORMATION
 DATE: 105/1/74 LICENSE NUMBER: 77 80
 FIRST NAME: _____ DRILLER LAST NAME: _____
 SIGNATURE: _____

B 3 LOCATION OF WELL
 COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: Beaumont park 42
 SECTION: 44 LOT: 1 50
 NEAREST TOWN: Frederick 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 73 MI 76 77 78

B 2 WELL INFORMATION
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 50 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

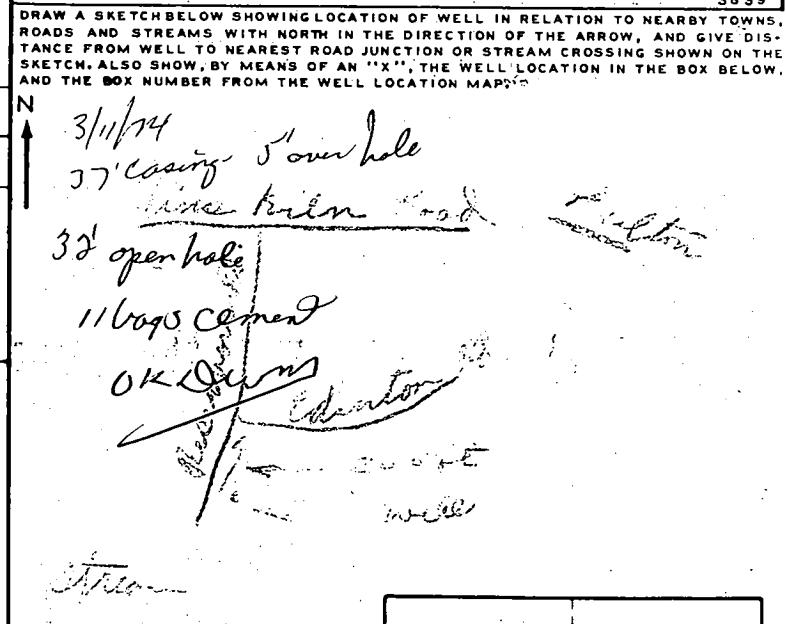
B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 NORTH EAST N E NORTHEAST S E SOUTHEAST
 SOUTH WEST N W NORTHWEST S W SOUTHWEST
 NEAR WHAT ROAD: Keenan Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 35 FT 37 38 39

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
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE): _____

REPLACEMENT OR DEEPEINED 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 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: _____ ENGINEER REVIEW DISTRICT NO.: _____
 FORCE: _____ CONDITIONS: _____
 WRITE INITIALS IN BOX: _____



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 STATE HEALTH (CIRCLE BOX):
 COUNTY NAME: _____ COUNTY NO.: _____
 DATE: 3/11/74
 APPROVED BY: Palmer E. Dine Director

BOX NUMBER: 310 (E) 470 (N)
 NORTH COORDINATE: _____ EAST COORDINATE: _____
 ELEVATION AT WELL HEAD (FEET): _____