

11/19/79 trench amount 2.00 p.m.

PERMIT *File*

11/19/79
P 29337
A 20991
D.P.C.O.
C.B.
= C.C.

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

04-339132

DATE 12/14/78

INDEXED

William Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 2724 Jennings Chapel Road, Woodbine, Md. 21797 PHONE 489-4711

SUBDIVISION Lisbon Acres ROAD 1217 Round Gate Court LOT 18

PROPERTY OWNER Jacjerodon, Inc.

ADDRESS 8003 Woodmont Ave., Bethesda, Md. 20014 Phone: 656-4500

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

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

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SHOWN WHEN

FACING LOT FROM
DRY WELL AND TRENCH - System to have 140 sq. ft. effective sidewall absorption area per bedroom below the first 3 1/2 ft. of non-porous soil. Maximum depth permitted for dry well or trench is 10 ft. below original grade. Place the dry well 100 ft. from the rear (455.47 ft. long lot line) and 80 ft. from the left (1148.35 ft. long) side line. Start the trench after a 5 ft. earth buffer with the drywell and proceed to dig it on level ground, the necessary distance (towards left rear corner of lot), as seen when facing the property from Round Gate Court. If trenches only are used 108 linear feet required.

PLANS APPROVED BY Frank Skinner DATE 11/5/77

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 16 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 TERRAZO ACCEPTED.

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

A 20991

512765

(USE ONLY)

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED

(THIS NUMBER TO BE PUNCHED
IN COLS. 3 & 4 ALL CARDS)

COUNTY NUMBER **#20991**
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
FD-51-6540

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

020374

2180
(TO NEAREST FT)

OWNER

Gilbert Water

STREET OR RFD

1517 Roland Gilbert Court

First name

Joseph

SUBDIVISION

Lisbon Acres

SECTION

LOT **#26**

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING.

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Red clay	2	6	
Brown shale	6	70	
GREEN SLATE	70	86	
BLUE SLATE	86	90	
BROWN SLATE	90	95	
GREEN SLATE	95	105	
BLUE SLATE	105	140	
GREEN SLATE	140	180	

5-3-84
casing 83'
open 50'
cement 20 bags

Well 73-2134 collapsed & was filled in, per report -
entirely filled to state water level (ground) Jan with 6 bags cement

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT BENTONITE CLAY
NO. OF BAGS **20** NO. OF POUNDS **2000**
GALLONS OF WATER **110**
DEPTH OF GROUT SEAL (to nearest foot)
from ft. to ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)
Total depth of main casing (nearest foot)
 ST 6 25

OTHER CASING (if used)
diameter inch from to
depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.)
EACH SCREEN
 40 81 180

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) **4**
PUMPING RATE (gal. per min. to nearest gal.) **4**
METHOD USED TO MEASURE PUMPING RATE **bucket**
WATER LEVEL (distance from land surface) BEFORE PUMPING **50**
WHEN PUMPING **180**
TYPE OF PUMP USED (for test)
 C centrifugal P piston D turning
 J jet R rotary O other (describe below)
 S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
PUMP HORSE POWER _____
PUMP COLUMN LENGTH (nearest ft.) _____
CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } **21** (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
Handwritten diagram showing well location relative to a house and other structures.

CIRCLE APPROPRIATE LETTER
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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.77.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS IDENT. NO. **40**
George J. Roosterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Blair Lee Francis
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

10-14-99

APPLICATION

PERCOLATION TESTING

A 512765

P _____

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

PROPOSAL IS TO DIVIDE INTO 1 ACRE + RESIDUE WITH EXISTING HOUSE. EXIST

DISTRICT _____

DATE 10/14/99

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 Raymond L. Chapman Sr.

ADDRESS 1217 Roundgate Pt. PHONE (210) 997-2903

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Urban Acres LOT NO. 26

ROAD AND DESCRIPTION 1217 Roundgate Pt

TAX MAP _____ PARCEL # _____

SIZE OF LOT 5.872 acres 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.

Raymond L. Chapman Sr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

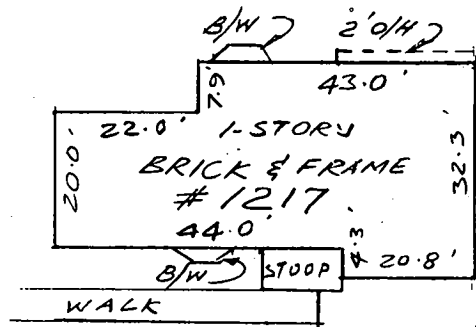
REASONS FOR REJECTION OR HOLDING _____

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

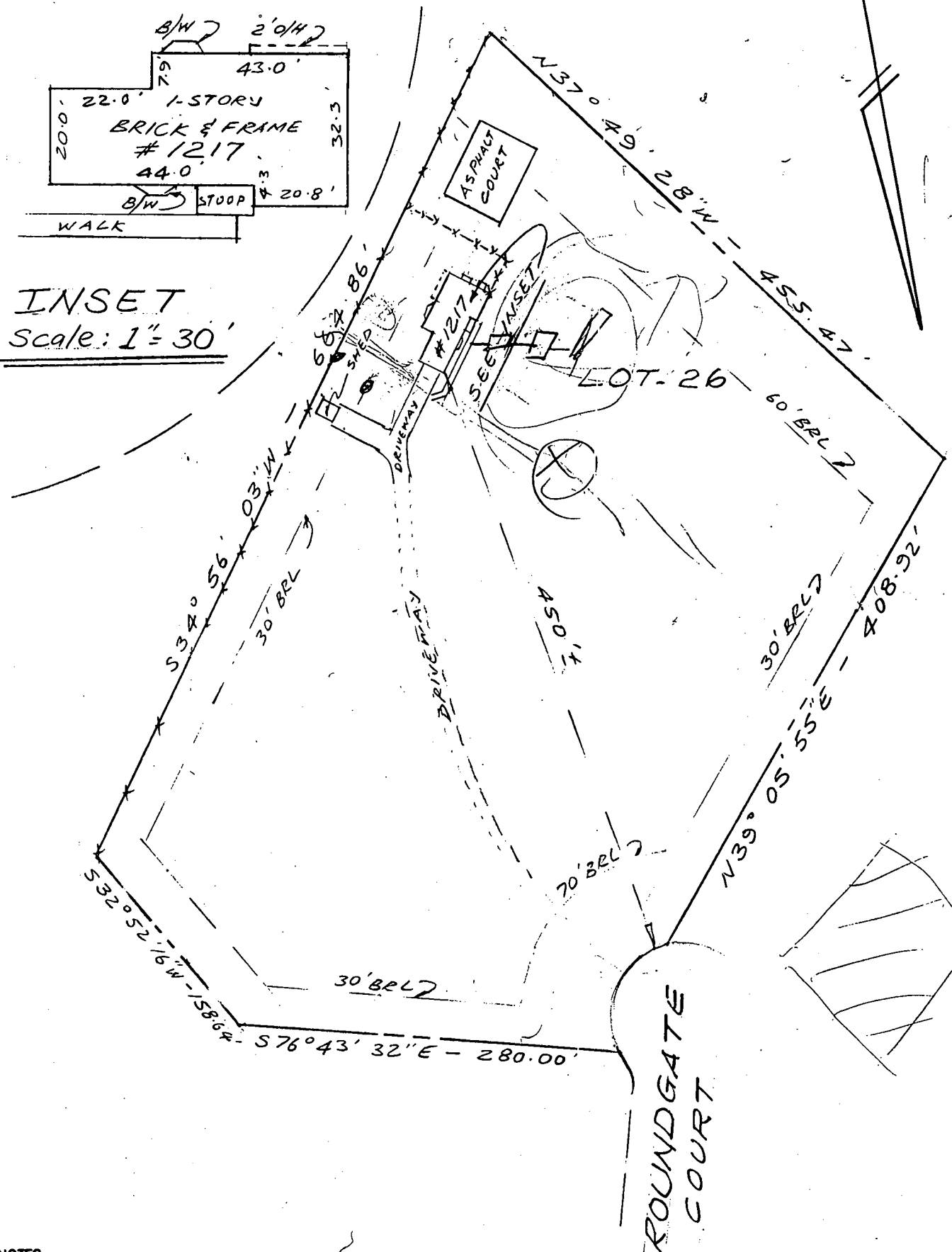
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

ADDRESS: 1217 ROUNDGATE COURT
HOWARD COUNTY, MD.



INSET
Scale: 1" = 30'



NOTES

- THIS IMPROVEMENT LOCATION DRAWING:
 - IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
 - IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
 - DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
- THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
- THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.
- THIS PROPERTY LIES OUTSIDE THE 100-YEAR FLOOD

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN

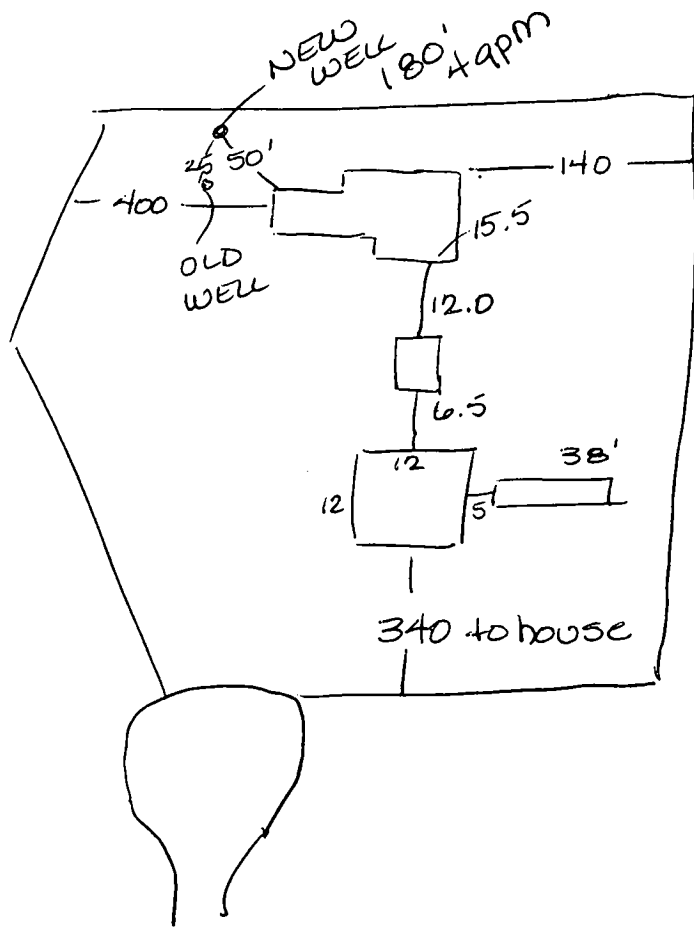


Fitzroy J. Bertrand
7/8/99
DATE

FITZROY J. BERTRAND
PROPERTY LINE SURVEYOR NO. 566

IMPROVEMENT LOCATION
LOT-26
LISBON ACRES
4 ELECTION DIST. HOWARD CO. MD
PLAT BOOK 4194
SCALE: 1" = 100' DATE: 7/8/99

REAL ESTATE SURVEYORS, LLC
RESIDENTIAL • COMMERCIAL • LAND DEVELOPMENT SERVICES AND SURVEYS
4603 CALVERT ROAD
COLLEGE PARK MARYLAND 20740
TEL: (301) 985-6003 FAX: (301) 985-6004





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

October 14, 1999

Raymond Chapman
1217 Roundgate Court
Lisbon, Maryland 21765

RE: Percolation test results
Purpose: Subdivision
Property ID: Lisbon Acres – Lot 26
Roundgate Court

Dear Mr. Chapman,

Percolation testing conducted Thursday, October 14, 1999, on the above referenced property indicated unsatisfactory soil conditions. Limiting factors included deep clay and a perched water table.

Copies of the percolation test results are enclosed.

If you have any questions regarding this matter, you may contact me at the address below or by calling (410) 313-2640.

Very truly yours,

Amy Mc Millen, R.S.
Water and Sewerage Program

AM:am
Enclosures
cc:File