

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512677

A REPAIR

DISTRICT _____

DATE 8/23/99

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED NO REPAIR

INSPECTOR M. Rifkin

04-315707
INDEXED

John Goodman Backhoe Service

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13750 Triadelphia Road, Glenelg, Maryland 21737 PHONE _____

SUBDIVISION _____ LOT _____ ROAD 1655 Old Annapolis Road

PROPERTY OWNER David Frasier
ADDRESS 1655 Old Annapolis Road
Woodbine, Maryland 21797

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - DRYWELL IS FAILING.

Call for inspection when ground is opened so that a sanitarian can recommend repair.

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

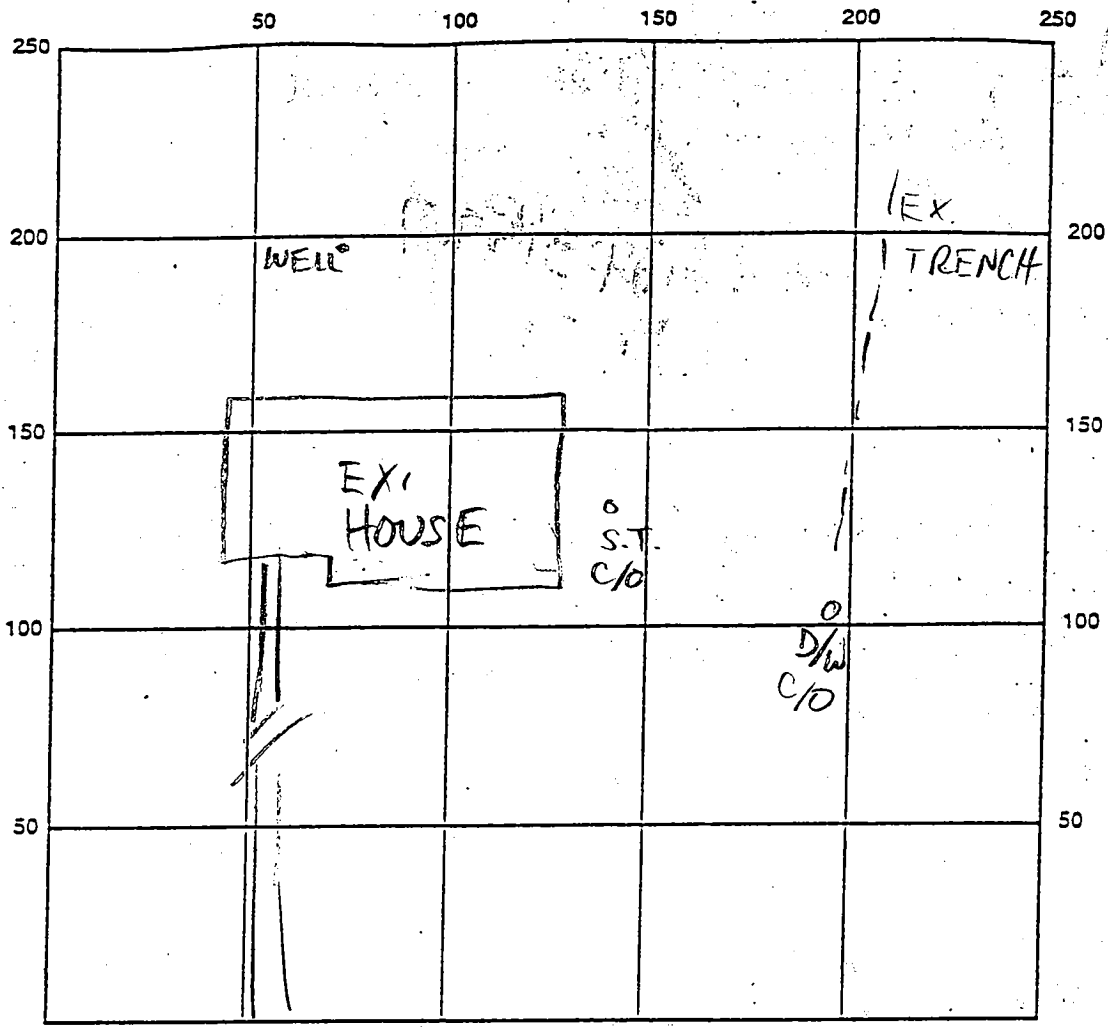
PERMIT VOID AFTER TWO YEARS

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

0512677



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

OLD ANNAP. RD

SEPTIC TANK LEVEL EX. CLEANOUTS EX.

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: 8/17/99 LINES CLOGGED, NO ADD'L DRAINFIELD NEEDED (FR)

DATE SYSTEM APPROVED _____ INSPECTOR _____

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELICOTT CITY

DISTRICT 4

DATE 1/28/72

INDEXED

4/1/73

*4/17/73
4/18/73 before
above*

OWNER FRANK J. ...

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2222 GUYTON ROAD, ELICOTT CITY, MD. PHONE 282-2222

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 224 Annapolis Rd. Lot 1

PROPERTY OWNER FRANK ... (see application for better directions)

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 2,250 GALLONS

FOR GARbage REMOVAL, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

OTHER DRY WELL TO BE 100 SQ. FT. effective diameter of well must be 100 SQ. FT. below original

below inlet. Inlet to be 2 ft. below original grade and covering depth 11 ft. below original

grade. location 120 ft. from right rear corner of other property corner and 200 ft. back along
right property line being 120 ft. off right side as at time of test (the hole (124) shown
on back on 7/14/71 when testing for flow 614 Annapolis Rd. location 61 ft. from front of
lot along left property line.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE 4" DIA. 12" DEEP.

PERMIT VOID AFTER THREE YEARS.
PLANS APPROVED BY C. STEINBERG 7/14/72

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.

ALERT

APPLICATION

A 1230

D _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 1

P. O. BOX 470, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 400-0000, EXT. 200

DATE 6/21/77

Re: 5/1/77 [unclear] 235 [unclear]

4/23

5/4/77

After final inspection when re-treated.

Pay Dirt 76 8' long 105 7' deep 7 5 7' well filled with 5 5 7' of stone.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Place Well 30 5 7' to 30 5 7' behind E. [unclear]

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

Try Well and about 13 0 5 7'

PROPERTY OWNER JAMES [unclear] from the wife

ADDRESS NEW REPUBLICS AVE., BELTSVILLE, MD. PHONE 374-6141

PROPERTY LOCATION: Back along right side of [unclear]

SUBDIVISION [unclear] as per [unclear] facing

ROAD AND DESCRIPTION Old Republic Rd. - [unclear] to Old Republic

ROAD - Back - last lot on left side before small white house

SIZE OF LOT 5,295 sq. ft. TYPE [unclear] NUMBER OF BEDROOMS [unclear]

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [unclear]

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

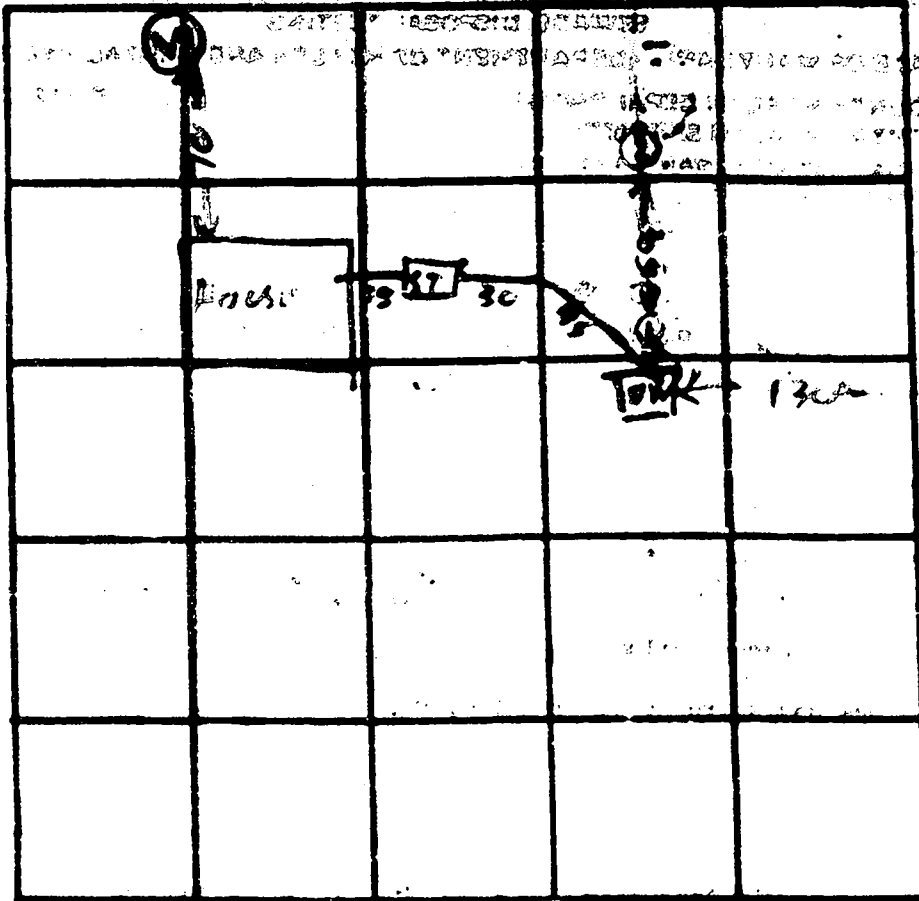
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION



INDICATE MONTH - DATE BEGINNING WORKING AT EACH LINE

DATE	WELL NO.	DEPTH	LOG-OUT		TEST - 1" GROP		TIME
			START	STOP	START	STOP	
5/1/73	1	11	CLAY & SHALE	CLAY & SHALE	5 FT OF WATER		4/27/73
5/1/73	2	9 FT	CLAY & SHALE	CLAY & SHALE	NO WATER		
5/1/73	DRY WELL	11	CLAY & SHALE	CLAY & SHALE	5 FT OF WATER		4/27/73

REMARKS: *Handwritten notes in the table cells and a large note at the bottom: (Dried out)*

APPLICATION

A. 1972
P.

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank 1000 gallons ELlicott City

Dry Well To have 100 yft. effective

to be 2 1/2' below original grade or maximum depth 11'

location 120' from right rear

250' back along right property line 125' off

at base of tree (Newborn 5' x 4) situated on back) on 7/14/72

lot from Old Orange Road

DISTRICT _____
DATE 7/14/72

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 George Mank
(James E. Garland & Carol A. - Contract Purchaser)
ADDRESS New Hampshire Avenue, Brinkley, MD PHONE 774-6181

PROPERTY LOCATION _____
SUBDIVISION (Barning Hill) LOT NO. 1
ROAD AND DESCRIPTION Old Annapolis Road - To St. Michael's Road to Old Annapolis

and a last lot on left side before mill
OCCUPANT white house PHONE _____

PERSON TO CONSTRUCT SYSTEM _____
ADDRESS _____ PHONE _____

SIZE OF LOT 5,205 sq. ft. TYPE BLDG. 1
IF NOT SINGLE RESIDENCE DESCRIBE _____ (Single Fam. Dwlg.)

SIGNATURE OF APPLICANT Carol A. Garland

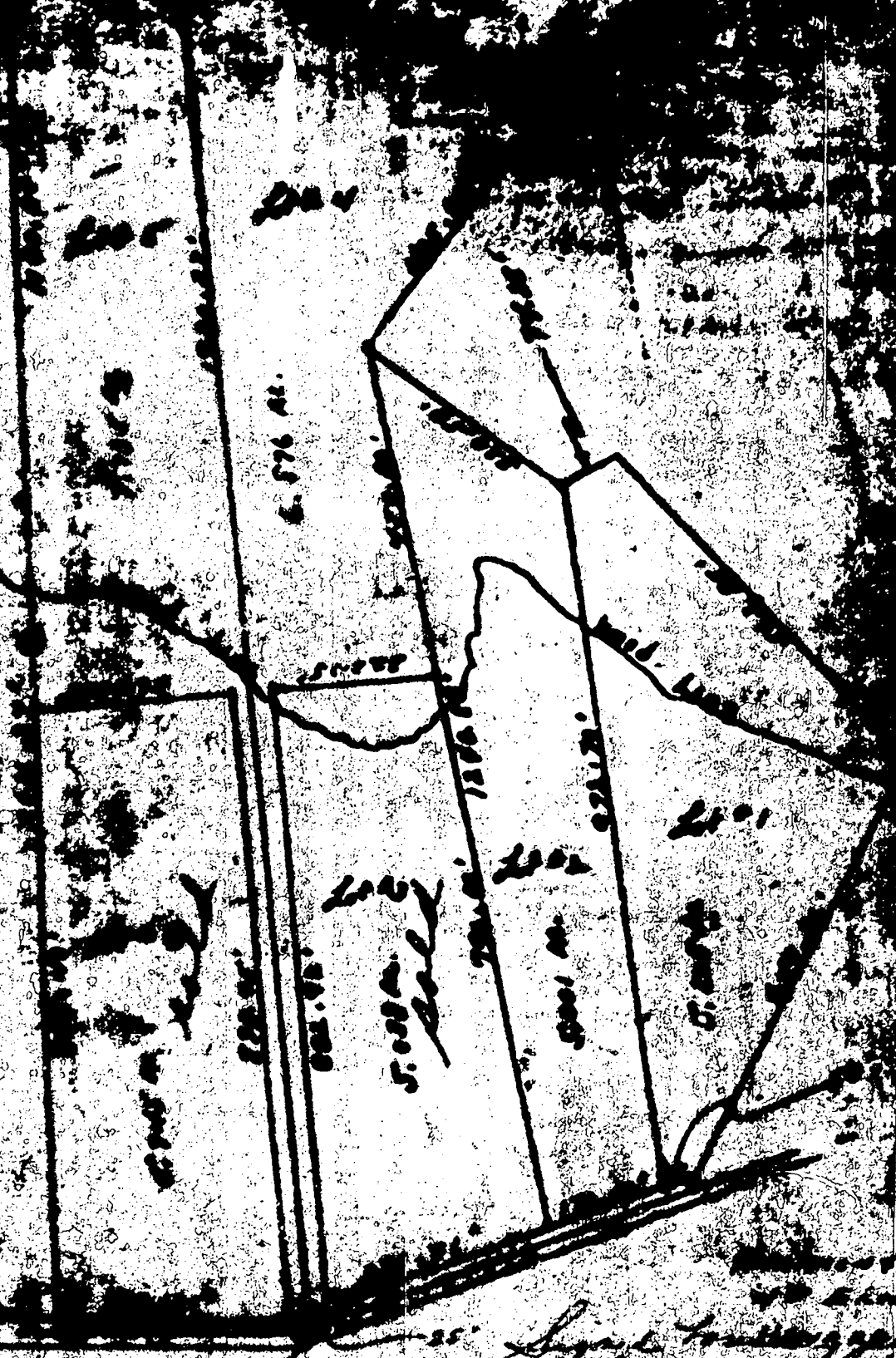
APPROVED BY C. Mank FOR dry well DATE 7/14/72

REJECTED BY _____ FOR _____ DATE _____

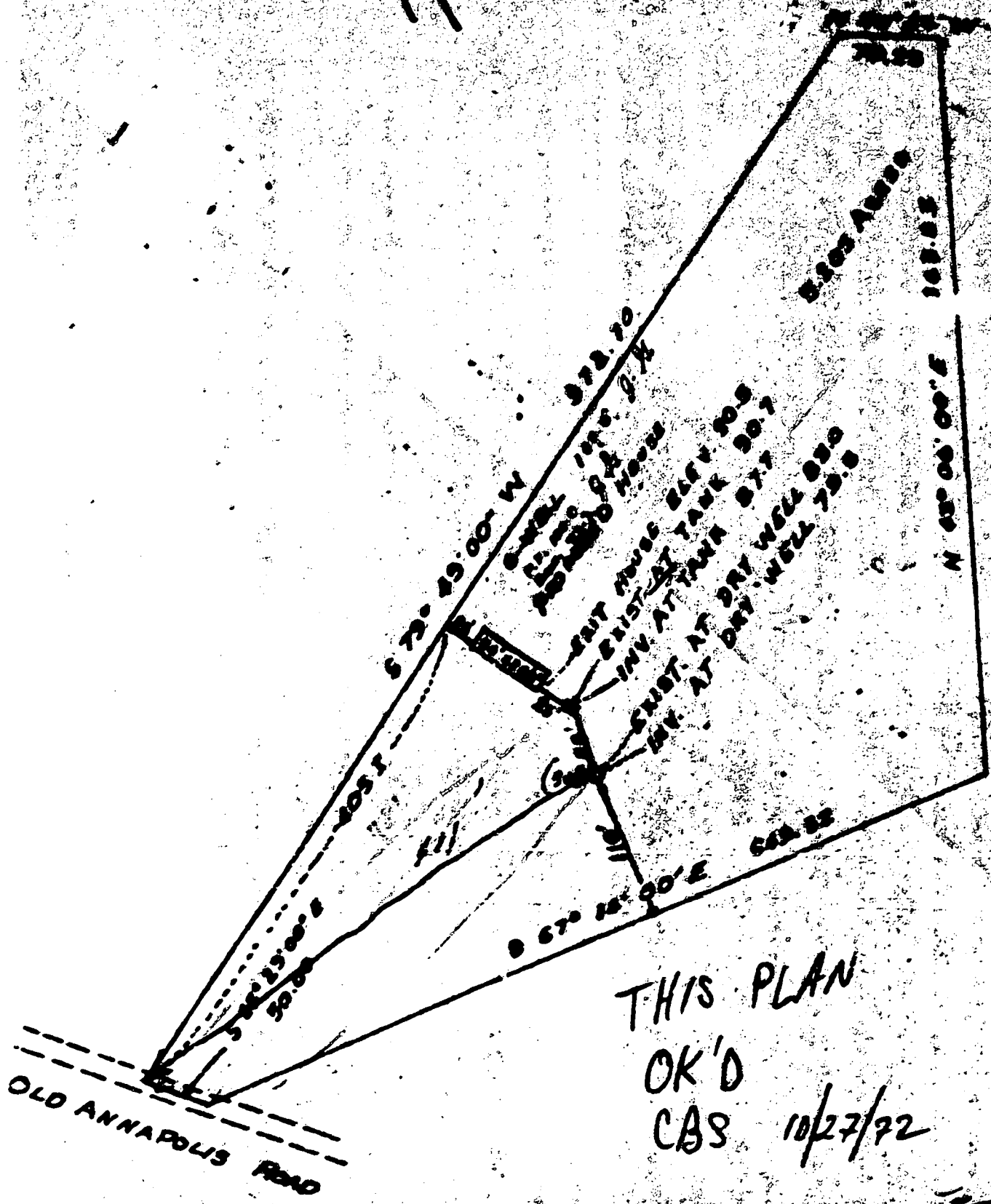
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A RECEIPT



Handwritten signature and date
1912



THIS PLAN
 OK'D
 CBS 10/27/72

11/1/72

9/29/74
2 PM

File

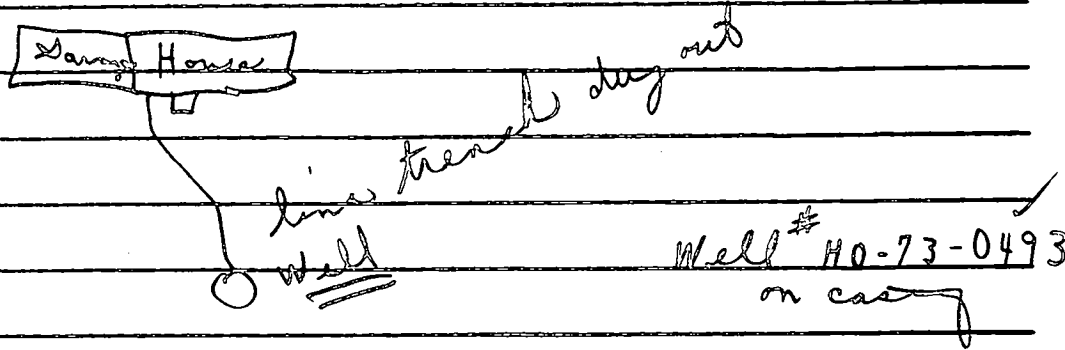
FILE Well Drilling DATE REPORTED 7/26/74

PROPERTY OWNER Norman Galand on mailbox / yellow-gold / mail book

P.O. ADDRESS Old Abington Rd. TELEPHONE _____

DIRECTIONS TO PROPERTY Woodhams, Inc

INFORMANT _____



CONDITION FOUND 7/29/74

24' Well Casing
 23' + Well ~~Drill~~
 6 Bags of Cement
 OK
 C.B.S.

ACTION TAKEN _____

FINAL DISPOSITION _____

C 1 **4651** SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 OF 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 (DWR USE ONLY)

DATE WELL COMPLETED 7-22-74

DEPTH OF WELL 145 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-0493

DRILLERS IDENTIFICATION NO. 42

OWNER GALLAND JAMES LAST NAME FIRST NAME

STREET OR RFD 1655 ANNAP. RD. POST OFFICE WOODBINE 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	
Top Soil	0	2	
Shaley	2	30	
Brown Slate	30	40	
Blue Slate	40	145	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

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

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 22 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL ST CONCRETE CO
 PLASTIC PL OTHER OT

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 145

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL ST BRASS BR OPEN HOLE HO
 PLASTIC PL OTHER OT

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM

1	<u>HO</u>	<u>22</u>	<u>145</u>
2			
3			

SLOT SIZE 1. 2 2. 3 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING T LOG INDICATOR L OTHER DATA AVAILABLE W O

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 145 (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

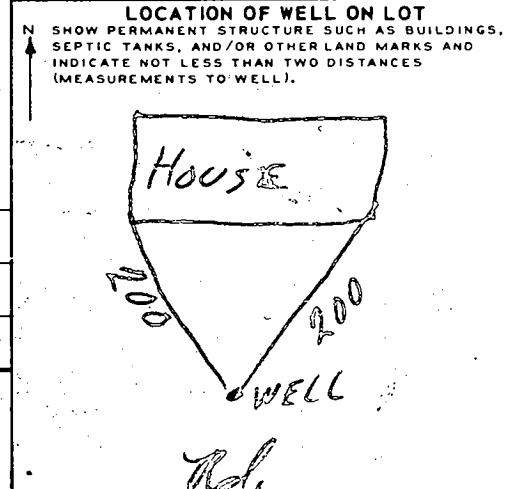
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT: (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE } 2 (NEAREST FOOT)
 BELOW } 49 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.

DRILLERS NAME F. E. Foster

SIGNATURE F. E. Foster