

5/12
Bates
OK
JM

PERMIT

SEWAGE DISPOSAL SYSTEM

P. 1962
A. 1972

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY
DISTRICT 6

INDEXED

DATE 1/27/71

04-329724

INDEXED

Coral-Glen Co., Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS Casket Road, Pikesville, Maryland 21093

PHONE 72 8-2829

A SEWAGE DISPOSAL SYSTEM LOCATED AT

(833-1043)

SUBDIVISION

3/01
ROAD Florence-Galey Rd. LOT

PROPERTY OWNER Jack E. Brown

(see application for better directions)

ADDRESS

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ADSORBENT SIDE WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,200 GALLONS CONCRETE TANK - NO METAL TANK

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

OTHER Dry well - 400 sq. ft. absorbent sidewall area to begin below inlet pipe.

Inlet pipe to be 3/4 ft. below original grade. Maximum depth permitted for dry well

is 11 ft. below original grade. Permit digging pit 16 ft. sq. cut block and top 8

12 ft. diameter and fill in with gravel. Inlet pipe to be 2 ft. below orig.

grade. Dry well 7 ft. deep below inlet pipe. Locate dry well 210-215 ft. from edge

of land along Florence Rd. and 150 ft. from the woods on right side of lot as seen

PLANS APPROVED BY D. H. Knapman

DATE 1/27/71

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NOTE: ALL PIPES FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMIT VOID AFTER THREE YEARS.

LOG. PERMIT SIGNED

AND RETURNED 2-10-71

Severitt B. 10/16/73
dick

15712

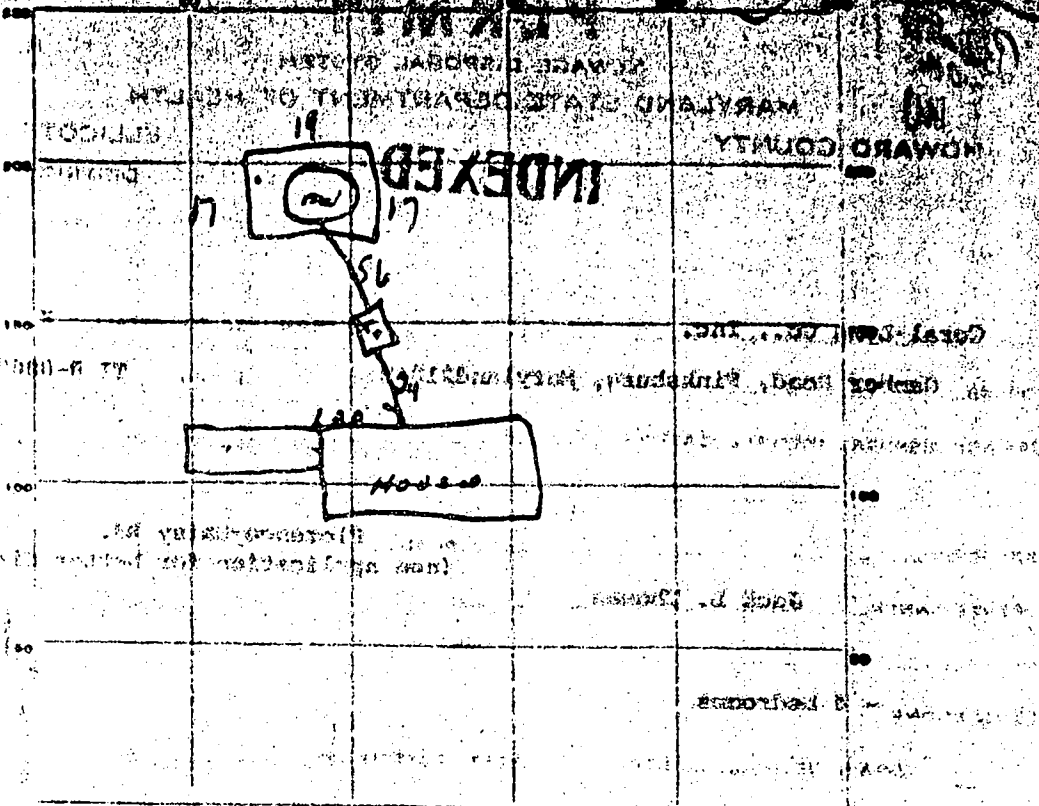
5/12 801-E

SECRET

SECRET

SECRET

SECRET



70
 35
 42
 64
 70

SEPTIC TANK LEVEL 0.1

CLEANOUTS 0.1

DISTRIBUTION BOX LEVEL

TILE FIELD, DEPTH FT. TRENCH WIDTH FT.

GRAVEL DEPTH IN. TOTAL LENGTH FT.

NUMBER OF TRENCHES TOTAL BOTTOM AREA

PERMEABILITY DEPTH BELOW INLET
ABSORBENT AREA 4554 SQ. FT.

REMARKS: J-10-71 ground around dry well must be brought up to dry well
level a ground surface dry well
when water pipe enters ground (while dry well)
did't check out pipe must be lowered to depth
of dry well can be measured - 7 call for final when above is
done - OK to cover from base to edge of dry well
 270 5-11-71 rating done

DATE SYSTEM APPROVED / 5/12/71 INSPECTOR W. Monaghan

Use

APPLICATION

Application No. _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 1200 gal. - concrete tank - no metal tank DISTRICT 4

Dry Well - 448 sq ft absorbent sidewall area to DATE 2-8-71

begin below inlet pipe. Inlet pipe to be 3 1/2 ft below original grade. Maximum depth permitted for dry well is 11 ft below original grade. Suggest digging pit 16 ft sq. Set blocks + top for 12 ft diameter + fill in rest of pit with gravel. Inlet pipe to be 3 1/2 ft below orig. grade - Dry well 7 ft deep below inlet pipe. Locate Dry Well 21 ft from edge of bank along Florence Rd and 150 ft from the woods on right side of lot as shown when facing lot from Florence Rd.

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 JACK L. THOMAS

ADDRESS 1054 LAKE CLARE DR ANNAPOLIS PHONE 757-4578

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION EMERSON - DAISY RD - APPROX 200' FROM Y WITH JENNINGS CORNER RD

OCCUPANT MRS. JACK L. THOMAS PHONE 757-4578

PERSON TO CONSTRUCT SYSTEM RUIERO ISLAS PLUMBING & HEATING (J. FITZSIMMONS)

ADDRESS RT 11 - BAYVIEW PALADINO MD. PHONE 202-4145

SIZE OF LOT 5.13 ACRES TYPE BLDG SPLIT Foyer - 4 B.R.

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT PRIDEMARK ENTERPRISES INC FOR Russell Linton

✓ APPROVED BY Bill Morgan FOR J. Williams DATE 2-26-71

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

DRINKING WATER REQUIRED

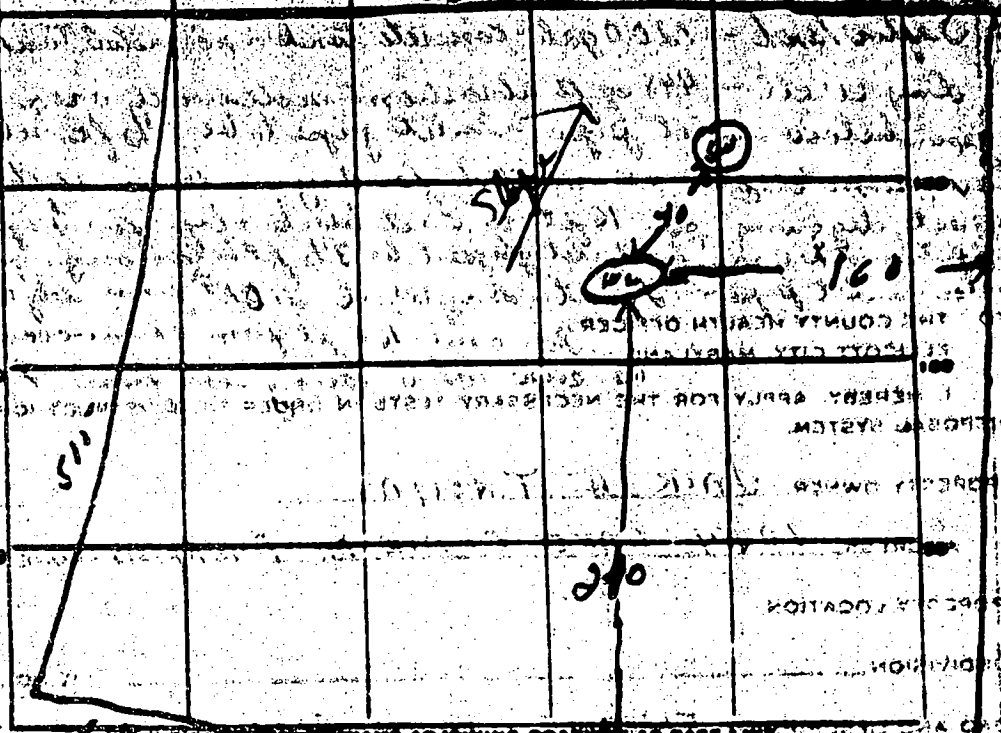
DATE OF TEST

THIS IS NOT A PERMIT

APPLICATION

BEWADE DRIPPOAL TESTING
 MARYLAND STATE DEPARTMENT OF HEALTH
 HOWARD COUNTY 932

ELICOTT CITY
 DISTRICT
 DATE



INDICATE DISTRICT AND ADJOINING ROADS AS BASE LINES

February 2, 1951

DATE	TEST NO.	DEPTH	START		STOP		TIME
			START	STOP	START	STOP	
2-2-51	1	4' ft	11 05	11 07	11 07	11 12	5 min
	2	10' ft	11 11	11 16	11 16	11 20	14 min
	3	4' ft	11 22	11 23	11 23	11 26	3 min
	4	10' ft	11 22	11 23	11 23	11 29	26 min

SOIL AUGER FINDING

TESTED BY *Dum*

STANDARD *obtained from bank*

2117

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

Septic Tank ~~1200~~ gal

DATE 4-12-67

dry Well 500

dry Well 500 ft absorbent sidewall area to begin below the sub pipe. Inlet pipe to be 4' below original grade. Max depth of dry well 10 ft below original grade

Place dry Well about 135 ft from front lot line and about 87 ft from right sidewalk on new road facing lot from Home-Away Rd.
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 *(No metal septic tank with)* *Wye Tell if they could use this location - must be test.*

PROPERTY OWNER Roland Bencraft

ADDRESS Woodbine Rt. 2

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

Florence Ed. off Rt. 94 - one mile off Rt. 94 on left side.

Stop at Mullinix Motors, Daisy, Md. and ask for Roland Bencraft.

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

638 Ft. x 269 ft. x 515 Ft. 500 FT.

TYPE BLDG. 3

NUMBER OF BEDROOMS 4

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

Roland Bencraft

APPROVED BY

Donald W. Monaghan FOR Dry Well

DATE

4-18-67

REJECTED BY

FOR

REASON OF SYSTEM

DATE

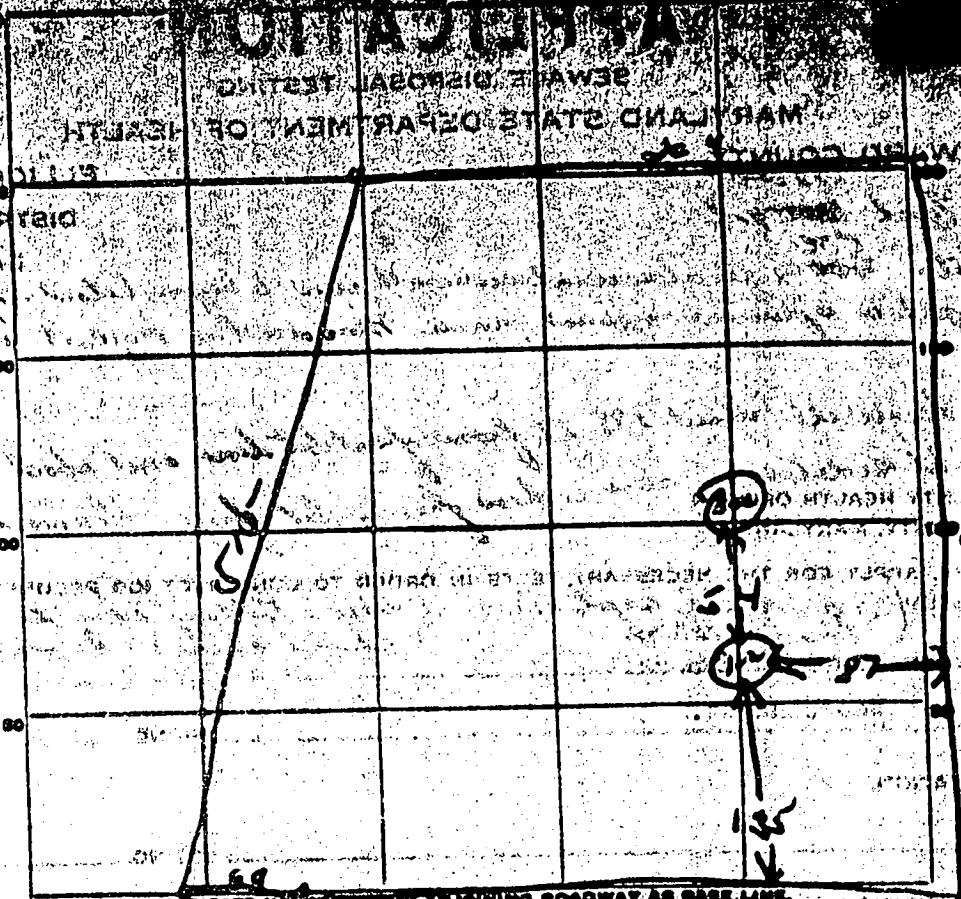
HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

Wade... decided... to hold... on lot

THIS IS NOT A PERMIT



INDICATE NORTH - WHEN ADJOINING ROADWAY AS BASE LINE

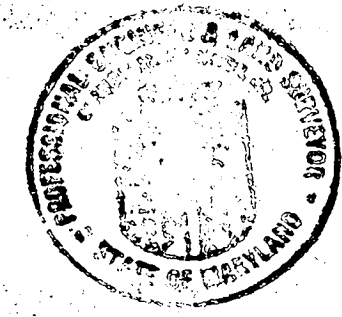
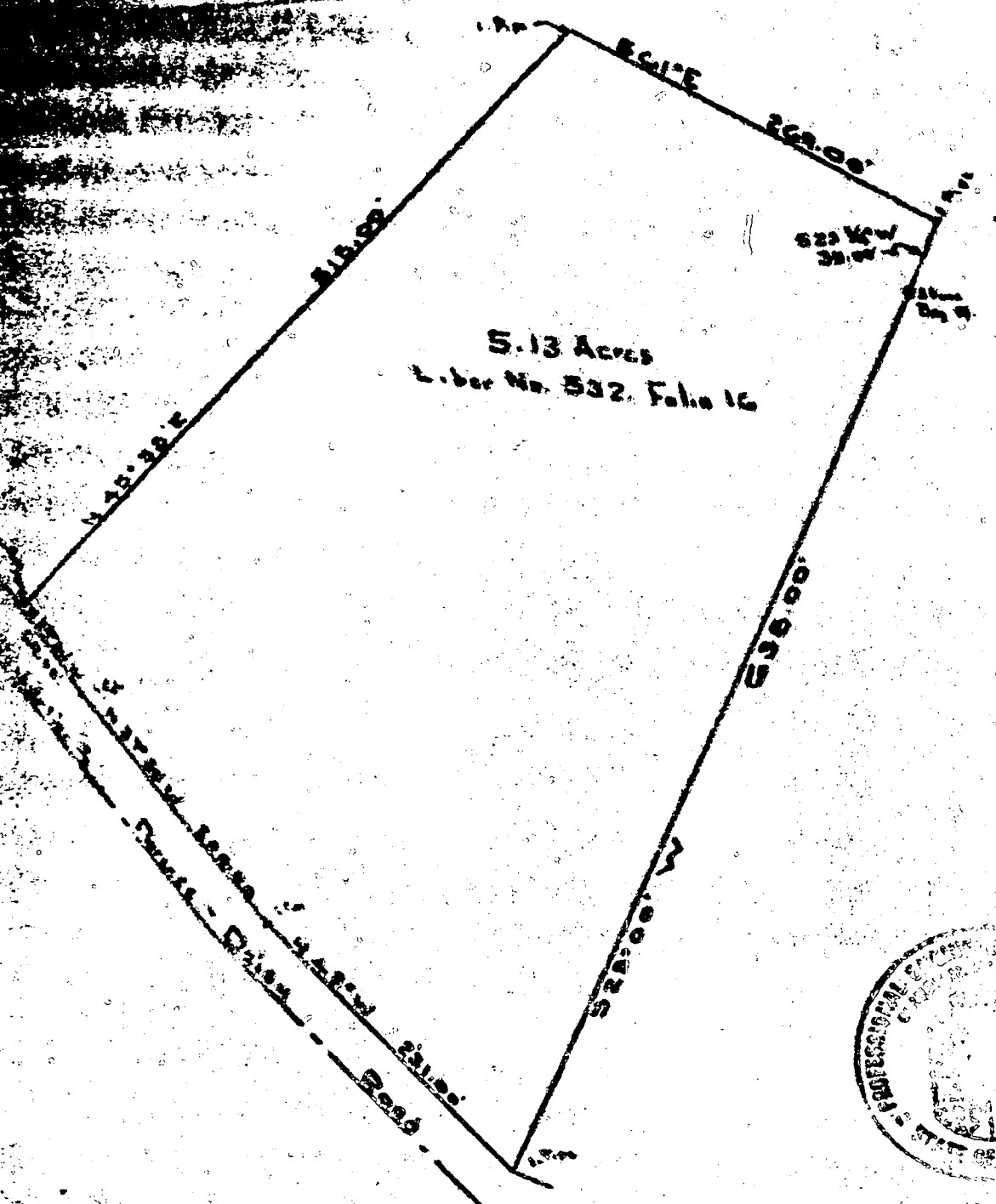
Fluorine - 10/1/52

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/52	1	9 ft	10 42	10 30	58	11 05	15 min
	2	45	10 42	10 48	48	10 58	11 min
	3	9 ft	10 42	10 46	46	10 58	7 min
	4	4 ft	10 43	10 47	47	10 55	8 min

SOIL AUGER FINDING _____

TESTED BY *[Signature]*

REMARKS
4/1/52
Human Exh



Fourth E. C. D.
 Scale: 1 in. = 40 ft.
Claude M. S.
 Claude M. S.

55' E 515'

NOTE:
INDIVIDUAL WATER SUPPLY AND
SEWAGE DISPOSAL SYSTEMS TO
MEET LOCAL HEALTH DEPT. REQ

ELEV. AT TIME OF
PERC TEST 196.8
DIRTY WELL
(40' DEEP. AREA)
BELOW GROUND

EXIST. EL. 97
1200 GAL. SEPTIC TANK (NO INLET TANK)
INV. EL. 95
INV. EL. 96

Prop. Well
D.F.F. 196.8
BASE 91.2
21.3' 22.7'

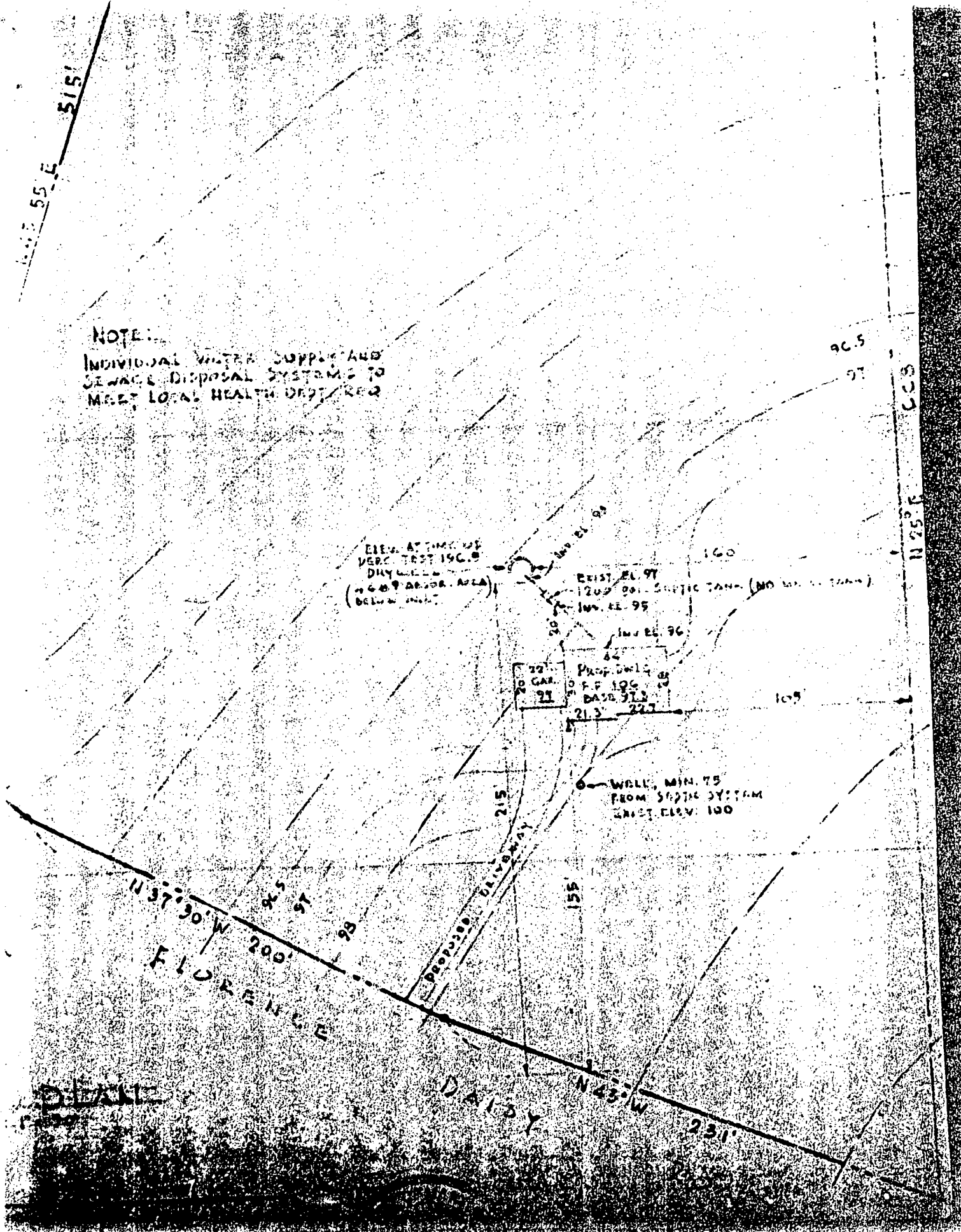
WELL, MIN. 75'
FROM SEPTIC SYSTEM
EXIST. ELEV. 100

N 37°30' W 200'
FLORIANE

N 43° W 231'
DAISY

90.5
97

655
N 25° E



SEQUENCE NO. (DWR USE ONLY) **4149**

DATE RECEIVED (DWR USE ONLY) _____

DATE WELL COMPLETED 11/17/11

15 16 17 18 19 20

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

WELL COMPLETION REPORT

DEPTH OF WELL 143
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-171-0142
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. _____

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

OWNER Home LAST NAME 1154 Lake Claire Dr. FIRST NAME John L. Williams

STREET OR RFD _____ POST OFFICE _____

WELL DESCRIPTION

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	
soft blue sand	0	3	
med blue sand	3	8.5	
med blue sand	8.5	11	
hard blue sand	11	14	
med blue sand	14	15	
hard blue sand	15	143	
rock	143		

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

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

NO. OF BAGS 20 NO. OF POUNDS 1920

GALLONS OF WATER 125

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 10 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW):
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER

MAIN CASING TYPE S T
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 1/2
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 72

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1				
2				

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW):
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	4
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

T W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 14

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE Flow

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 85 (NEAREST FOOT)
 WHEN PUMPING 138 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX):
 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) _____

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

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE (NEAREST FOOT)
 - BELOW } _____

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).

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

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 _____

(PLEASE PRINT) _____

SIGNATURE _____

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

FILL IN THIS FORM COMPLETELY

B 1 204 SEQUENCE NO. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 5-9 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY) 6/8/71 9:30
OWNER COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD COL 36 COL. 55
POST OFFICE COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE LICENSE NUMBER 77 80
FIRST NAME DRILLER LAST NAME
SIGNATURE 848-4170

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION 23 42
SECTION 44 46 LOT 48 80
NEAREST TOWN 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 MI 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
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, 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)
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 11 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL (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 DEEPEMED 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 DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65
FORCE 67 68 WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

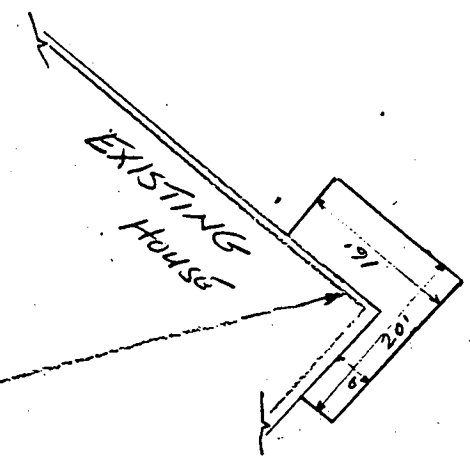
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.
DATE MO. DAY YR. APPROVED BY
43 48

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.
N 6-3-71
12" casing
Job's cement
1" spigot of gravel
about 1/2 mi. beyond forks

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

2/10/69
 Proposed deck
 located OK
 and shown
 MS

SCALE: 1" = 20'



LOCATION SURVEY
 FOR
 JACK L. THOMAS
 FOURTH ELECTION DISTRICT OF HOWARD COUNTY
 WOODBINE, MARYLAND
 SCALE: 1 IN. = 100 FT. APRIL 19, 1971

ENGINEERS CERTIFICATE

I hereby certify that the improvement shown hereon has been located by a transit-tape survey and there are no encroachments.

Claude M. Skinner Jr.

Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237

