

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513338-H

03-282457

A _____

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 799 Gaither Road

PROPERTY OWNER Jones, Richard

ADDRESS _____

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

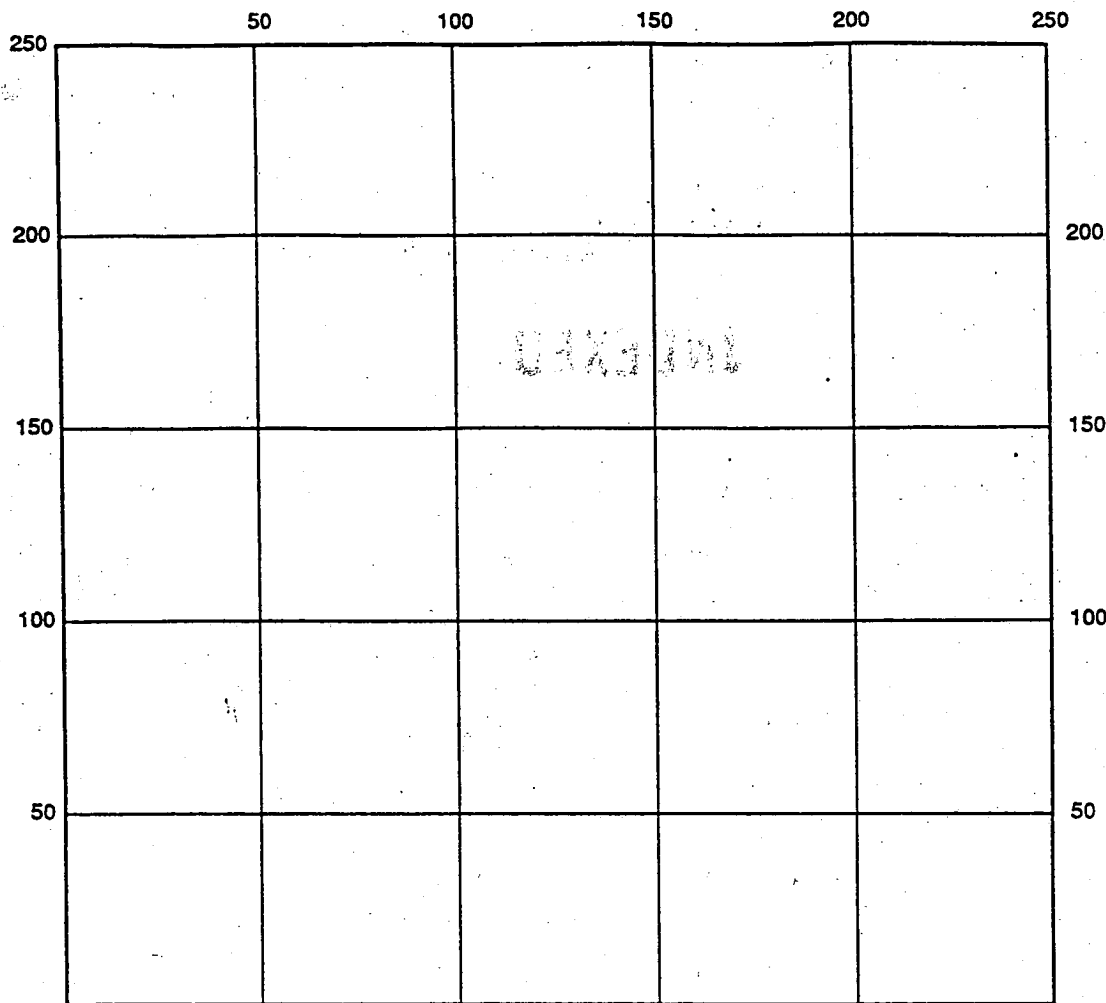
PERMIT VOID AFTER TWO YEARS

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**

A 513338 H



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

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: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

SEWAGE DISPOSAL TESTING

A 07596

P 08124

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 10-22-63

Dry well 17 ft. in dia. by 11 ft. deep below the inlet located 115 ft. from the front property line and 74 ft. off the left side property line as determined when facing the lot from Gaither Road. To inlet 3 ft. below original grade.

750 gals per day

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 Clifton W. Conway

ADDRESS Sykesville PHONE 489-4403

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Gaither and Forsythe Rd.
Sykesville rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 214' x 250' TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Raymond Griffith

APPROVED BY J.E. Hennigan / dma FOR Dry Well DATE 10-24-63
(KIND OF SYSTEM)

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

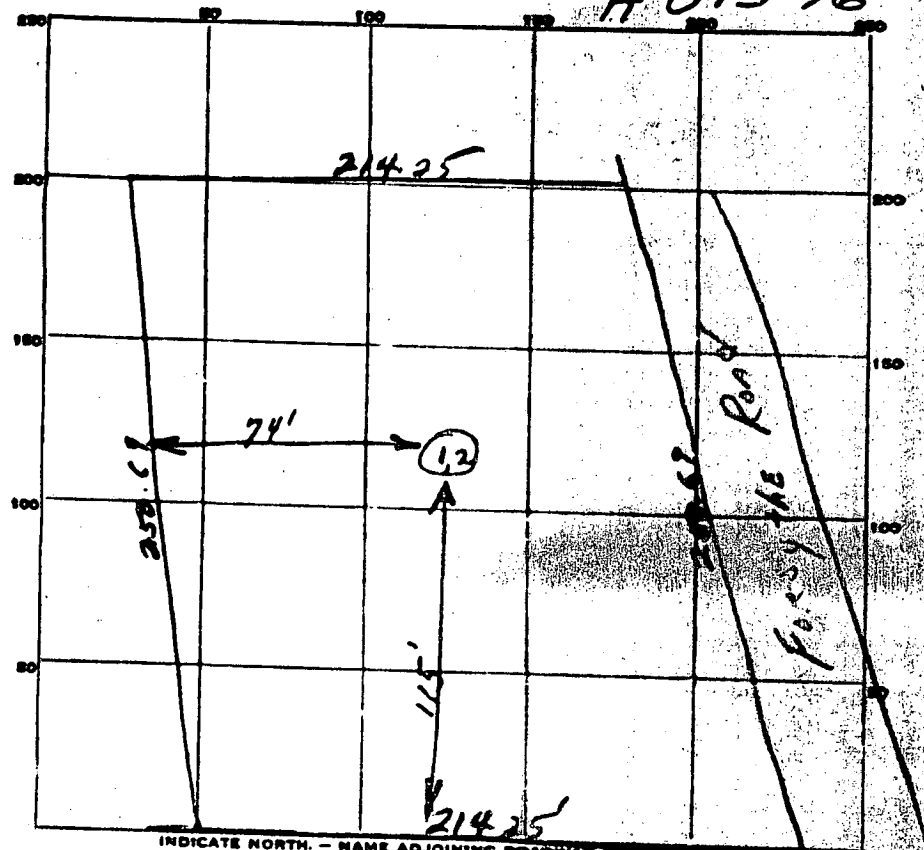
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A07596

A 07596



INDICATE NORTH. - NAME ADJOINING ROADWAY AS EXIST LINE.

GAITHER Road

DATE	TEST NO.	DEPTH	PRE-NET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-24-63	1	9	9:52	9:55	9:55	9:59	37 min
	2	5 1/2	10:00	10:02	10:02	10:06	4 min

P08124

permit sheet discarded nothing on back
first just repeat of upper part.

SOIL AUGER FINDING _____
 TESTED BY JH.
 REMARKS good soil at 5 FT. below original grade
 10-24-63
 ALSO PRESENT Jean Lee Conway LOT NO. _____

C1 06611 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A07596

ST/CO USE ONLY DATE RECEIVED MM 30 DD 99

DATE WELL COMPLETED MM 11 DD 8 99 YY

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2306

OWNER Jones, Richard STREET OR RFD 799 Gaither Road TOWN Sykesville

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: 'EX. WELL DEEPEMED', 'Gray mica', 'EX. WELL DEEPEMED'.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD casing types (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) diameter, depth (feet).

SCREEN RECORD screen type or open hole (Steel, Brass, Open Hole, Plastic, Other).

NUMBER OF UNSUCCESSFUL WELLS WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

DRILLERS LIC. NO. M D DRILLERS SIGNATURE LIC. NO. M A D 585

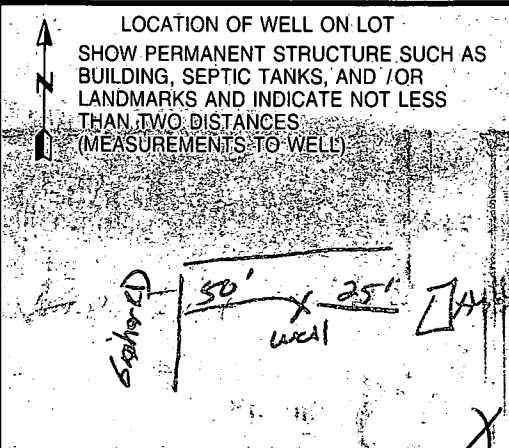
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Table with columns: DEPTH (nearest ft.), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH).

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 200 TYPE OF PUMP USED (for test) Air, piston, turbine, centrifugal, rotary, other, jet, submersible.

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES/NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 1400

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2306 fill in this form completely

Date Received (APA) 06/29/99 11/8/99 OWNER INFORMATION RN 7892 Jones Richard 799 Gaither Rd Sykevills, Md 21784

LOCATION OF WELL HOWARD COUNTY 23 SUBDIVISION SECTION 44 46 LOT 48 50 Sykesville 52 NEAREST TOWN MILES FROM TOWN 1 M I

DRILLER INFORMATION George F. Easterday M DJ 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd.. MT. Airv. Md. 21771

799 Gaither Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 50 Ft. TAX MAP: BLK: PARCEL:

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

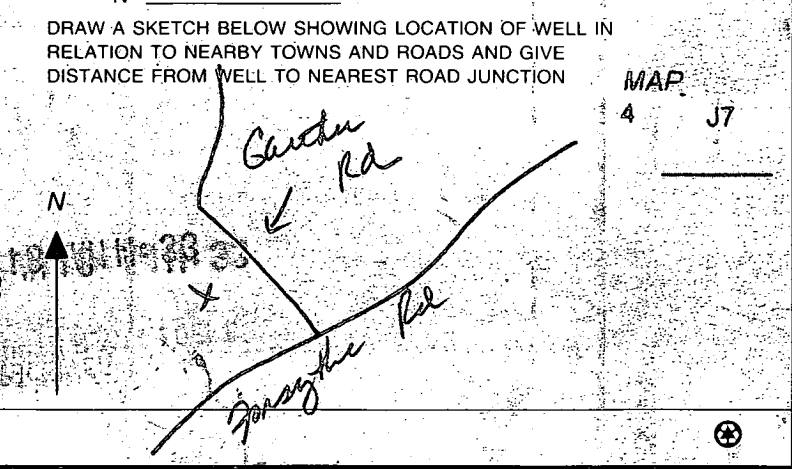
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A07596 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 062999 A McMeals 062900

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 550

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX PERMIT NUMBER 54 PERMIT No. HO-94-2306

SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Richard Jones

DATE REQUESTED: 6/29/99

ADDRESS: 799 Gauthier Rd

DRILLER: Easterday

WELL TAG # _____

COUNTY # _____

PROPOSAL: Deepen existing well

LOCATION DIAGRAM

No site insp. conducted since they are only deepening the existing well.
File # is A07596 but microfisch machine is broken

A McMillen

COMMENTS: _____

DATE: _____

INSPECTOR: _____

WS0202

Water Sample Request

PROPERTY OWNER Hyg Sarah Meehan DATE OF REQUEST 7/8/88

TELEPHONE 531-5104 NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS please call real estate to make an appointment - she would like to meet you out there

NAME Hyg Sarah Meehan
ADDRESS 11731 Brodoks Road
Columbia, MD 21029

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> Physician's Advice
<input type="checkbox"/> U & O	<input type="checkbox"/> New Residence
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Treatment System Necessity
<input type="checkbox"/> Other	<input type="checkbox"/> Plumbing or Well Repair
	<input type="checkbox"/> Replacement Well
	<input type="checkbox"/> Curiosity

Cecilia Daur
788-2935
736 BRASIDERS
BAY. 21229.

SETTLEMENT DATE 7/8/88

SEPTIC SYSTEM: Approved Disapproved DATE 06/08/88

CONDITION: 1 CLEANOUT IN GOOD CONDITION. APPEARS TO BE A NEW SYSTEM

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: SEND RE-2 ABR, BJ

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE 7/8/88

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, VOC _____

CHEMICAL _____, LEAD & COPPER _____, NITRATES _____, PESTICIDE _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE _____

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

CHEMICAL _____, Other _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE _____

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE _____

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

A513342

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

June 10, 1988

Ms. Cecilia Daub
736 Braeside Road
Baltimore, Maryland 21229

RE: Meehan residence
11731 Bragdon Wood

Dear Ms. Daub:

An inspection of the property located at 11731 Bragdon Wood, Clarksville, Maryland was made on June 8, 1988. The inspection did not reveal any evidence of a visible discharge of sewage. The only manner in which the system can be more accurately assessed is by excavation. Then the septic system, its fixtures, and the soil profile can be properly examined. This report is not an indication of future septic system functioning.

Very truly yours,

A handwritten signature in cursive script that reads "Barbara Hesse".

Barbara Hesse, Director
Community Environmental Health
Services Program

BH/ABR:hs