

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513362-D

A _____

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT INDEXED

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

03-293343

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS 1505 Grooms Lane PHONE _____

SUBDIVISION _____ LOT _____ ROAD _____

PROPERTY OWNER Worley

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

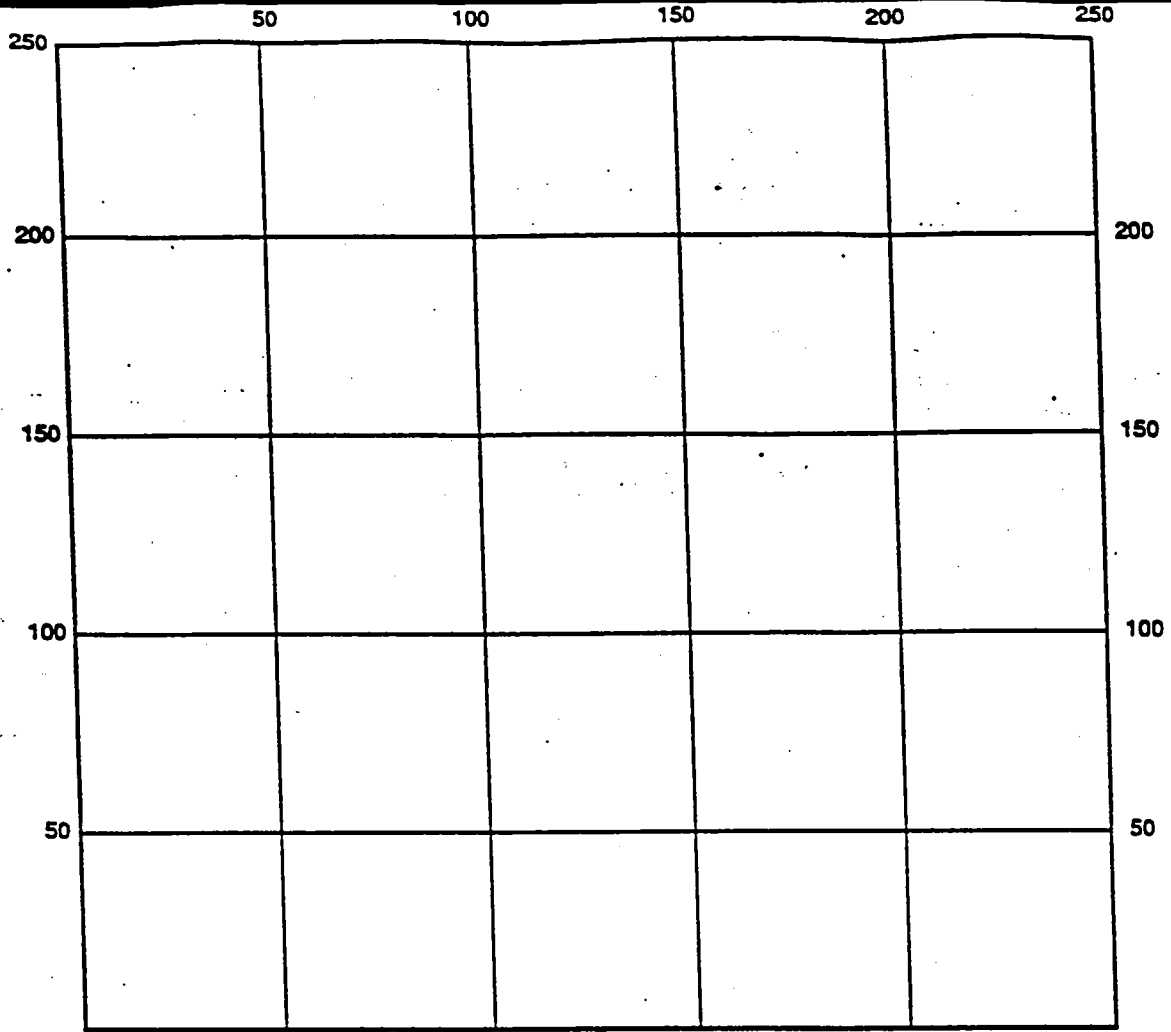
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 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

513362-D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level _____

Trench: _____

Dosing Chamber Level _____

Width _____

Dual Pump _____

Length _____

Controls _____

Bottom _____

Alarm _____

Depth _____

Pump Test _____

Inlet _____

Piezometers _____

Depth _____

Observation Ports _____

Gravel _____

Float Settings High Off: _____

Depth _____

High On: _____

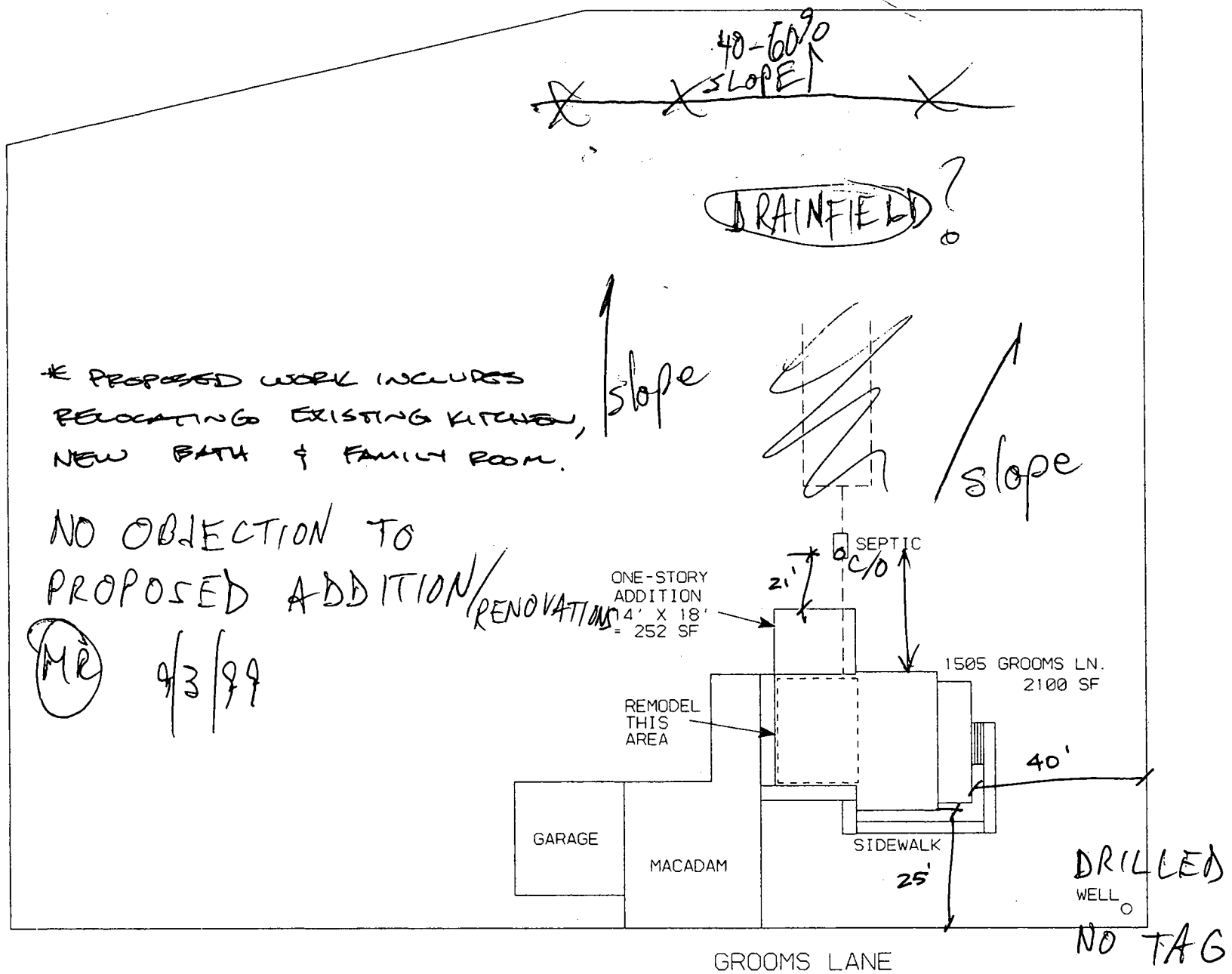
Low Off: _____

Low On: _____

Alarm Float: _____

Remarks: _____

Date System Approved _____ Inspector _____



* PROPOSED WORK INCLUDES
 RELOCATING EXISTING KITCHEN,
 NEW BATH & FAMILY ROOM.

NO OBJECTION TO
 PROPOSED ADDITION/RENOVATIONS

ME 9/3/99

KESWICK YOUNG CO. INC.
 1514 GROOMS LANE WOODSTOCK, MD. 21163
 410-750-8760 / 301-854-5239

WORLEY RESIDENCE - PLOT PLAN

SCALE: 1" = 30'

1
 of 1

B 1 1583 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

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

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 10/30/69
 9:30-1:15
 OWNER PLATT Worley # EARL
 COL 15 LAST NAME COL 34 FIRST-NAME
 STREET OR RFD 4 Grooms Lane HO-70-0049
 COL 36 COL 55
 POST OFFICE Woodstock Md. 21163
 COL 57 COL 80

B 2 DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 HOWARD PELLON DRILLER IDENTITY NUMBER 209
 8 FIRST NAME DRILLER LAST NAME 27 29 32
 6514 Mt Vernon Ave 53
 34 STREET OR RFD
 Baltimore Md 21215 80
 55 POST OFFICE ZIP CODE
 DATE OF APPLICATION Sept 22 1969

B 4 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21
 8
 SUBDIVISION 23 42
 SECTION 44 46 48 50
 NEAREST TOWN Woodstock 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 0 73 76 77 78

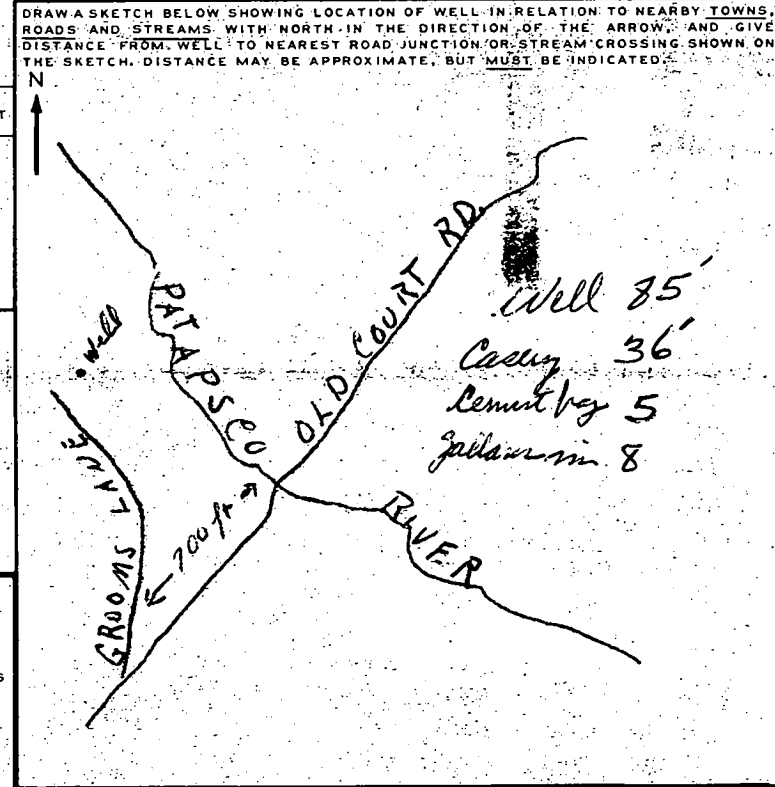
B 3 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300 14 20
 USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

B 5 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
 8 8 9
 NEAR WHAT ROAD Grooms Lane
 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) 50 34 37 38 39

APPROXIMATE DEPTH OF WELL 200 24 28 FEET
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE ROTARY
 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
 APPROPRIATION PERMIT NUMBER 54 63
 ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX) FORCE WRITE INITIALS IN BOX 67 68
 A E N S G W Q
 CONDITIONS 70 71 72 73 74 75 76 77 78 79



B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER)
 1 2 3 (SEQ. NO.) 6
 STATE DEPARTMENT OF HEALTH (CIRCLE BOX IF STATE HEALTH)
 MO. DAY YR. DATE 9 9 24 69
 APPROVED BY Palmer F. Vinn TITLE Director, Environmental Health
 COUNTY DEPT. OF HEALTH Howard
 LATITUDE 39 19 40 50 51 52 53 54 55 DEG MIN SEC
 LONGITUDE 07 65 21 0 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 0400 65 66 67 68

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

C 1 5732
 1 2 3 (SEE INSTRUCTIONS)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS.)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) _____
 DATE WELL COMPLETED 11-13-69
 DEPTH OF WELL 85 (TO NEAREST FOOT)
 PERMIT NO. FROM PERMIT TO DRILL WELL 40-70-0099
 DRILLERS IDENTIFICATION NO. 209

OWNER PLatt LAST NAME E FIRST NAME Earl
 STREET OR RFD 4 Groom Lane POST OFFICE Woodstock 21165

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	
Clay	0	36	
Granite Rock	36	85	X

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 YES NO
 46 46

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 36 FT.
 (ENTER 0 IF FROM SURFACE)

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) 5.6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 36

OTHER CASING (IF USED)

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

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 CASING	FROM		TO	
1	8	9	15	21
2				
3	23	24	30	36
4	38	39	45	51
5	53	54	60	66

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 2
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8

METHOD USED TO MEASURE PUMPING RATE Time
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 40 (NEAREST FOOT)
 WHEN PUMPING 75 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)
 A R 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)
 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 } 1

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).
 BACK
 NEWLY BUILT HOUSE
 30 ft
 30 ft

CIRCLE APPROPRIATE BOXES
 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 _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR
 OTHER DATA AVAILABLE

Health Dept

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

6E11

*25
55
202
282*

SERIAL NUMBER

B00120265

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
*1505 GROOMS LANE
WOODSTOCK, MD, 21163*

42939

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
*252 SF SINGLE STORY ADDITION
DEMOLISH/REMODEL 576 SF OF
EXISTING TWO-STORY HOUSE
4 x 18'
29'-1" 19'*

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
				<i>3</i>	<i>6030</i>	

OWNER NAME AND ADDRESS
*BOB & DIANE WORLEY
1505 GROOMS LANE
WOODSTOCK, MD, 21163*

OCCUPANT'S NAME AND ADDRESS
SAME

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

CONTRACTOR'S NAME AND ADDRESS
*DANIEL P. DEITNER
1514 GROOMS LANE
WOODSTOCK, MD, 21163*

EXISTING USE *SPD* PROPOSED USE *Stm*

EST. CONSTRUCTION COST *\$50,000.00* LICENSE NUMBER *47165* PERMIT FEE *55*

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B ROOMS ROOMS BATHS FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS
<i>63LF OF 8" X 16"</i>		
<i>6 FLOORS 20" X 20"</i>		

UTILITIES				
WATER WEL	SEWER SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
			<i>366</i>	<i>HEAT PUMP</i>

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application, and that no work will be covered up until such inspections have been completed with.

Daniel P. Deitner
SIGNATURE
PROFESSIONAL TITLE
9/2/99 DATE

FOR OFFICE USE ONLY

W/S CODE _____
DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE *47' 202*
SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET _____
BACK _____ (CORNER LOT ONLY) _____
SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	<i>X</i>	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	<i>X 9/2/99</i>	<i>[Signature]</i>
WATER & SEWER	<i>X</i>	
HEALTH DEPT.	<i>X 9/2/99</i>	<i>Mark E. [Signature]</i>
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591 *OK 3701*

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.