

11/23/74

trinch inspection - okay to put in gravel + leave batch ends open per D.W.M.

PERMIT

P 20945
A 21044
20277

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4

DATE 11/15/74

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS Jennings Chapel Road, Woodbine, Md. PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 15003 Frederick Rd Rt. 144 - (see appli. for better directions) LOT

PROPERTY OWNER Wesley W. Scott

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

~~OTHER Dry well - 429 sq. ft. absorbent sidewall area to begin below the first 5 ft. of non-absorbent ground. Max. depth permitted for dry well is 14 ft. below original grade. Place dry well 100 ft. from front lot line and 32 ft. from right side line as seen when facing from Rt. 144.~~

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 - 6" STAND PIPE MUST BE USED -

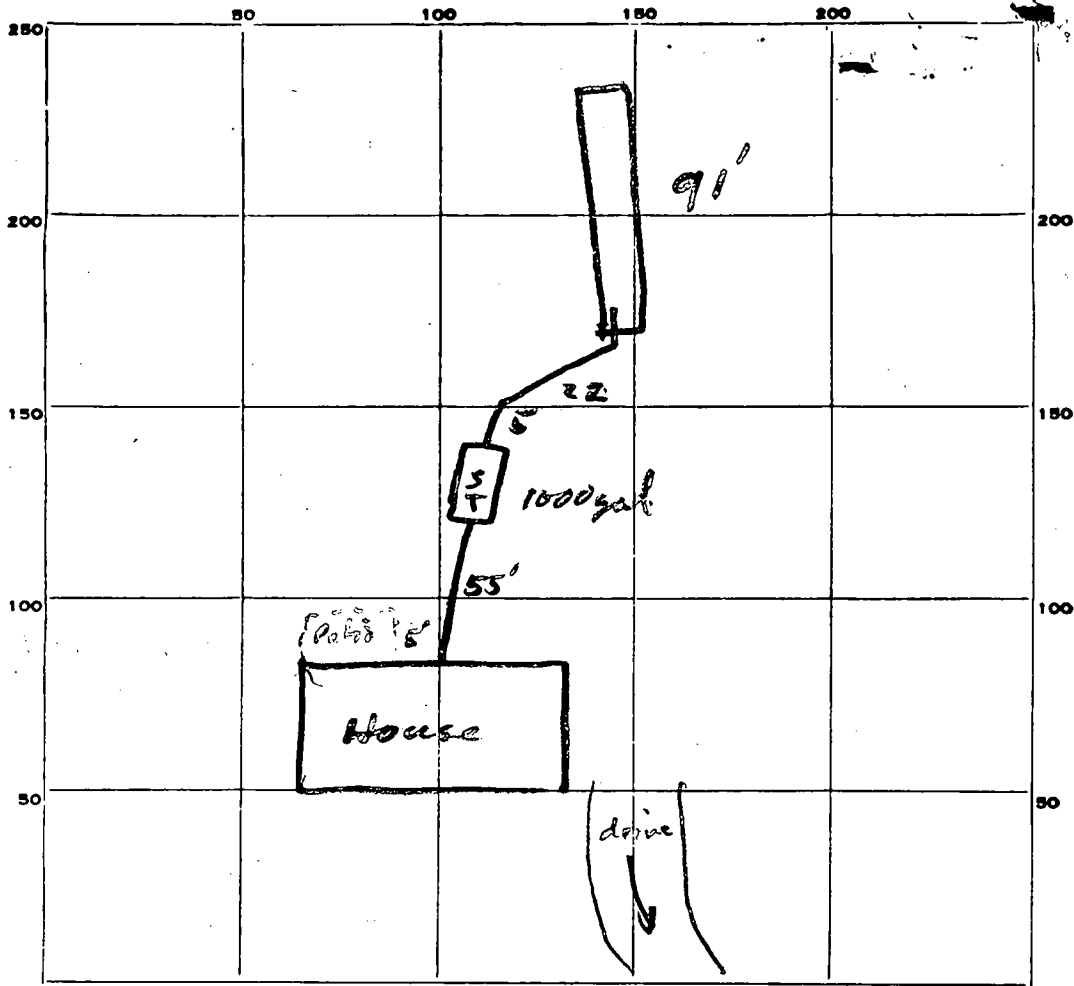
PLANS APPROVED BY D. W. Monaghan DATE 11/15/72
CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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.

12/29/74 Trench - 75 ft min (100 ft. recommended) in length.
The trench will have 7 ft of stone, with the max. depth of the trench to be 12 ft. below o.g.
2 inspections will be required. The trench is to begin along side of the former dry well location. I have given Herman but several options as to direction trench is to run.

513599-B



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Lot 144

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

~~DISTRIBUTION BOX, LEVEL~~

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH IN. TOTAL LENGTH 91 FT.

NUMBER OF TRENCHES 1 TOTAL ~~BOTTOM~~ AREA side wall

~~SEEPAGE PITS~~ INSIDE DIAMETER FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA SQ. FT.

637

REMARKS

DATE SYSTEM APPROVED

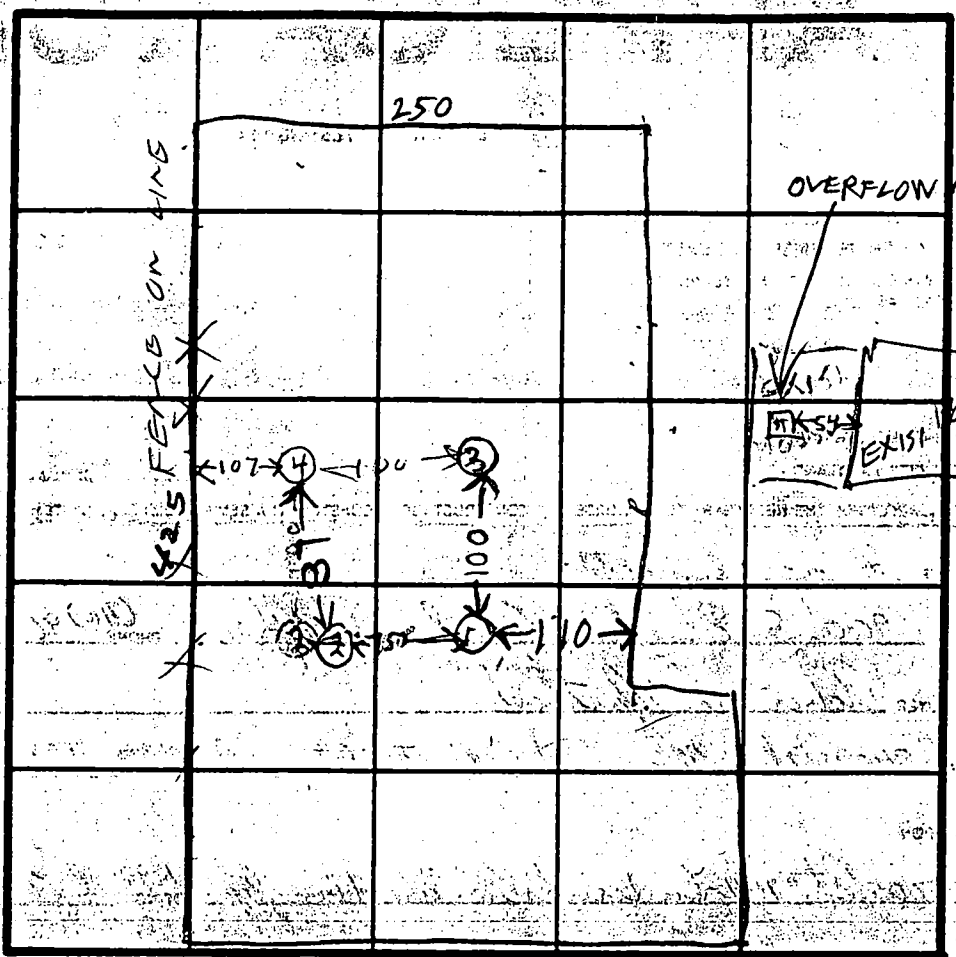
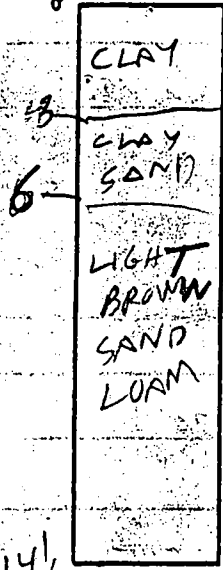
12/31/24

INSPECTOR

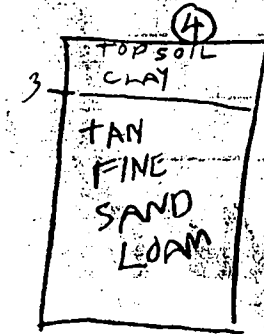
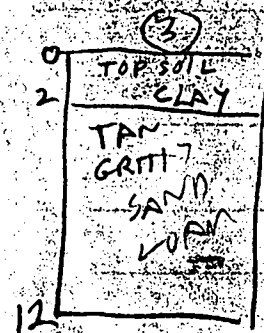
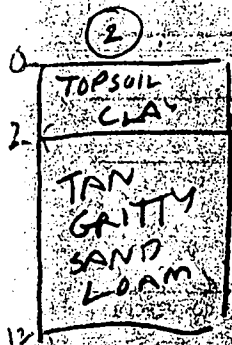
R. Marshall

A47747
 LOT 3 HENRY SCOTT
 PROPERTY

SOIL PROFILE

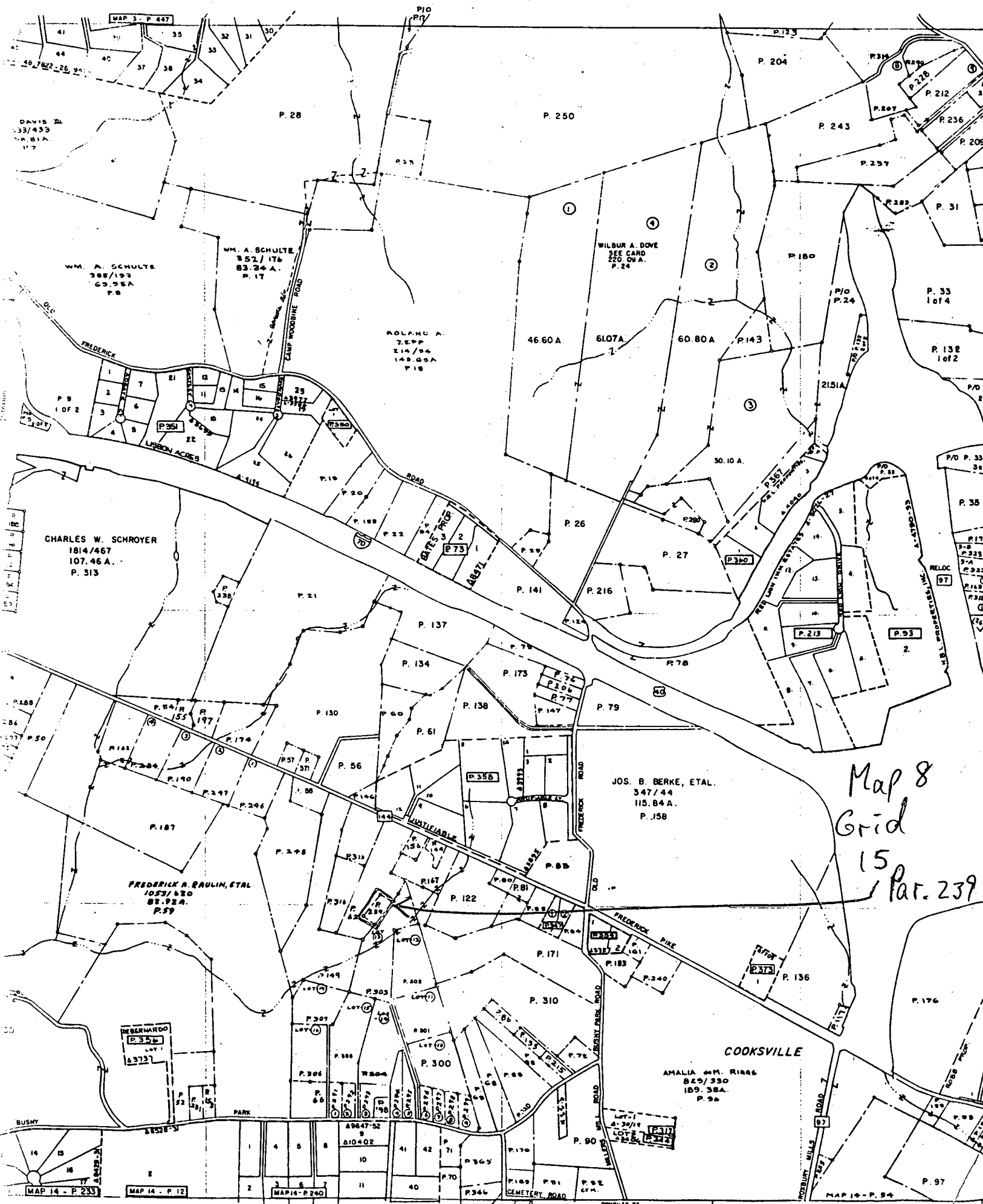


INDICATE NORTH: NAME ADJOINING ROADWAY AS BASE LINE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/5/92	(15)	(3.5)	259	323	309	311	3
	18	14.5	OK	NEEDS SYSTEM			
	(15)	(5)	333	343	309	311	3
	25	3	308	309	309	311	3
	25	2	OK				
	35	4	325	329	329	334	5
	35	12	OK				
	(11)	(7)	350	351	351	352	1
2/16/92	4B	7	1028	1031	1031	1038	8
	4S	4	1029	1030	1030	1033	3
11/11	4Y	13	OK				

REMARKS: OVERFLOW TANK AT HOUSE RENTED BY ROSA ELLIS 15003 FRODRICK WOODRING 21797
 LAND HOLD IS WESLEY W SCOTT
 TYPE OF SOIL: ADDRESS SAME AS ROSA ELLIS
 TESTED BY: RAYMOND HODGES
 BACKHADE LEONARD SUTTON
 OWNERS MICHAEL MARTIN
 CYNTHIA
 ROBERT



Map 8
Grid
15
Par. 239

MAP 14 - P. 233

MAP 14 - P. 12

MAP 14 - P. 240

MAP 14 - P. 94

APPLICATION

A 17514

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 10/2/72

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 Wesley W. Scott

ADDRESS 105 Village Rd., Sykesville, Md. 21784 PHONE 795-9158

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 144 - just ^{before} ~~by~~ Howard County Supply Co. - on left side

2 doors before Howard County Supply (house has wheel chair ramp)
use that driveway.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.000 acre TYPE BLDG. 3

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Wesley W. Scott

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

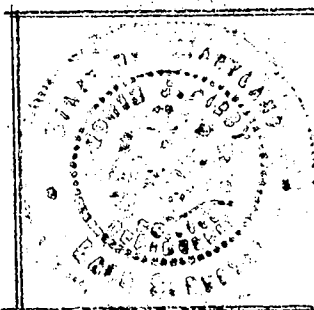
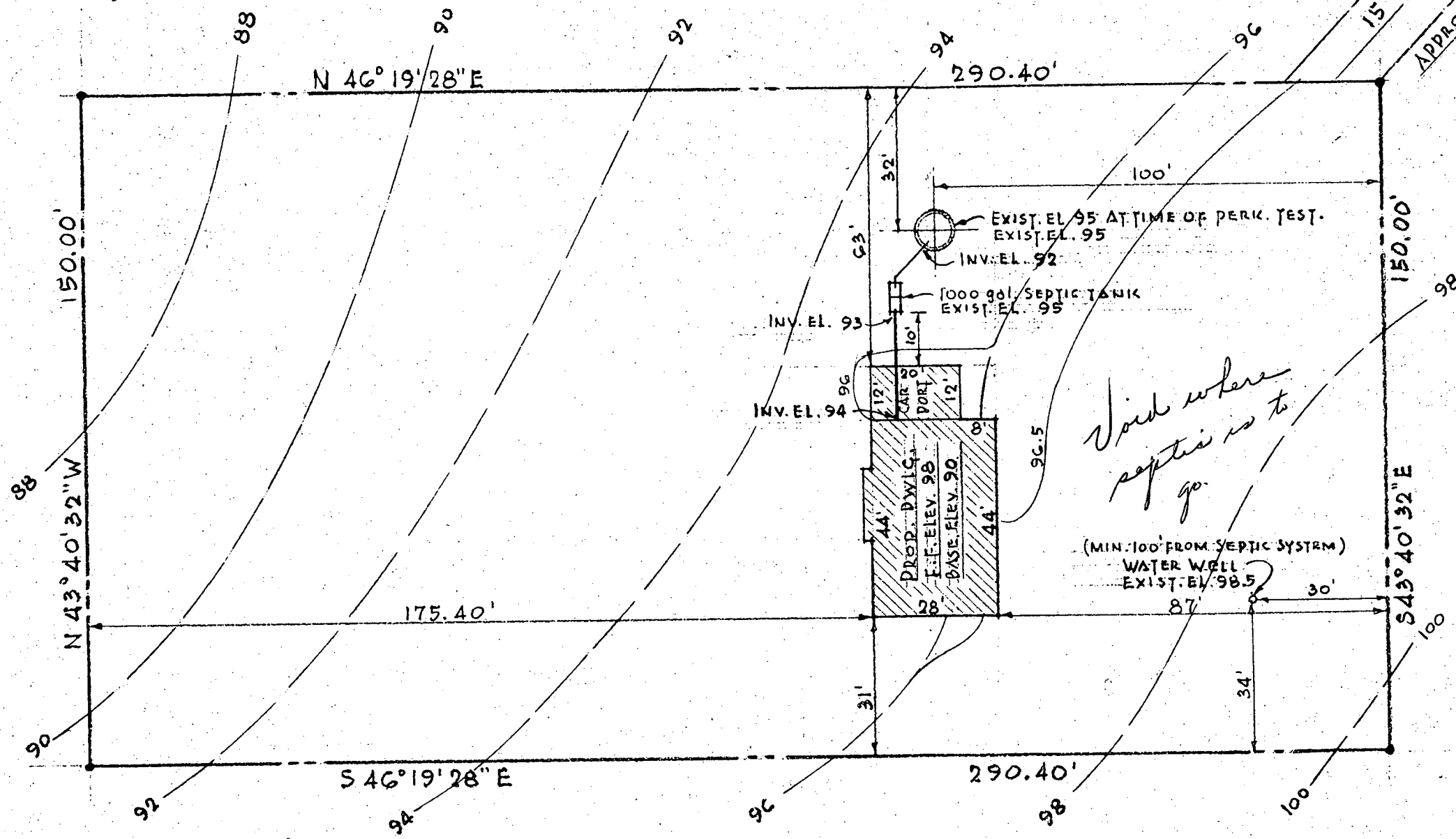
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#18954 Wesley Scott

8 24 73



PROPERTY OF
 MR. & MRS. WESLEY W. SCOTT
 4th ELECT. DIST., HOWARD CO., MD.
 LIBER C.M.D. NO. 591, FOLIO 545

B 1 600 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 11/8/74
 1:30

OWNER COL-15 LAST NAME Scott FIRST NAME William COL. 34

STREET OR RFD COL 36 15005 Frederick Road COL. 55

POST OFFICE COL 57 Woodbine Md 21797 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE Nov 23, 74 LICENSE NUMBER 4-42 COL. 60

FIRST NAME H. F. Eustead DRILLER LAST NAME

SIGNATURE H. F. Eustead

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY Hannover COL. 21
 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION 29 COL. 42

SECTION 44 LOT 48 COL. 50

NEAREST TOWN Woodbine COL. 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 7.3 COL. 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL. 8

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 COL. 12

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NORTH EAST NE SE

SOUTH WEST NW SW

NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST COL. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W COL. 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 COL. 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET COL. 24 28

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH) COL. 24 28

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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65

FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 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 ANNAPOLIS COUNTY NO. 21

DATE 11/8/74 MO. DAY YR. APPROVED BY

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, 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.

10/4/74

28' casing 1' ann grade

18' open

6 bags cement

6 1/2 bags

63' case

25' open

20' pipe under pressure

13 bags

Problems well must be grouted again.

11/6/74

BOX NUMBER E 780 N 450

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 0/0 65 66 67 68

B 5 SPECIAL CONDITIONS 8-83 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

DNR 214 9/71
 C 1 70
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 4 5
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON 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 (WRA USE ONLY) _____
 DATE WELL COMPLETED 9-26-74
 DEPTH OF WELL 100
 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
H0-75-001
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 42

OWNER Scott Wesley LAST NAME FIRST NAME
 STREET OR RFD 15005 Frederick Rd POST OFFICE Woodburn 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	
<u>Top soil</u>	<u>0</u>	<u>2</u>	
<u>Shale</u>	<u>2</u>	<u>10</u>	
<u>Brown slate</u>	<u>10</u>	<u>100</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT 45 46 45 46

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 18 FT.
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2
 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 95
 11 15

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 50 (NEAREST FOOT)
 17 20

WHEN PUMPING 100 (NEAREST FOOT)
 22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 27 27 27

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 27 27 27

JET SUBMERSIBLE
 27 27

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S T C O
 STEEL CONCRETE

P L O T
 PLASTIC OTHER

MAIN CASING TYPE S T 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 6063
 60 61 63 64 66 70

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM TO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

S T B R H O
 STEEL BRASS OR BRONZE OPEN HOLE

P L O T
 PLASTIC OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } 52
 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

DEPTH (NEAREST WHOLE FOOT)

FROM 18 TO 100

1 2 3 (SEQ. NO.) 4 5 6

1 170 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1. 2 3.

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 L F Co. today

SIGNATURE L F Co. today

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

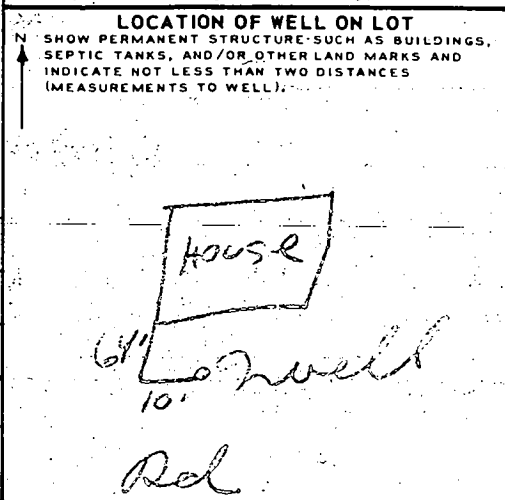
IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) 68 F

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

T W Q

70 72 74 75 76 OTHER DATA AVAILABLE

TELESCOPE CASING LOG INDICATOR



REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
 BUREAU OF ENVIRONMENTAL HEALTH
RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 15003 Frederick Rd ZIP 21797

OWNER WESLEY SCOTT
 OCCUPANT ROSE ELLIS ADDRESS ~~15005 Frederick~~ PHONE 2

COMPLAINANT GM MARTIN ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Last Year there was a sewage overflow next to H & Scott Property, 15005 Frederick Rd Woodbine 21797. This year Follow up inspection done

RECEIVED BY RH DATE 7/15/93 ASSIGNED TO RH DATE 7/15/93

DATE OF INVESTIGATION 7/15/93 TIME 1100 AM WEATHER FAIR & WARM

REPORT 2/15/93 VISITED ROSE ELLIS TENANT AT 15003

FREDERICK RD. SHE SAID THE SYSTEM IS STILL OVER FLOWING. I found this to be true. She said the landlord Wesley Scott had the system pumped out but it filled up. She said the landlord does not want to spend the money to fix the system. She said that Mr Scott received a letter from Health Dept last year she said to send you letter to her address she said she does not know land lord address. I said we would continue the enforcement process RH

MR REC'D 8/26/93 7955670

9/7/93 - TALKED TO ROSE ELLIS

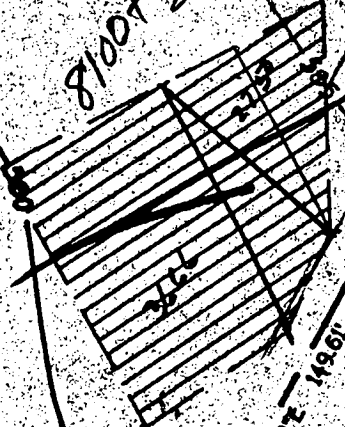
MR FOGLE FIXED SYSTEM ABOUT

~~H WEEKS~~ AGO, NOT OVERFLOWING TODAY

DISCUSSE WITH MR FOGLE LATER 7955670

DATE SUBMITTED _____ SANITARIAN _____

LOT 3
3.021 AC. A47747

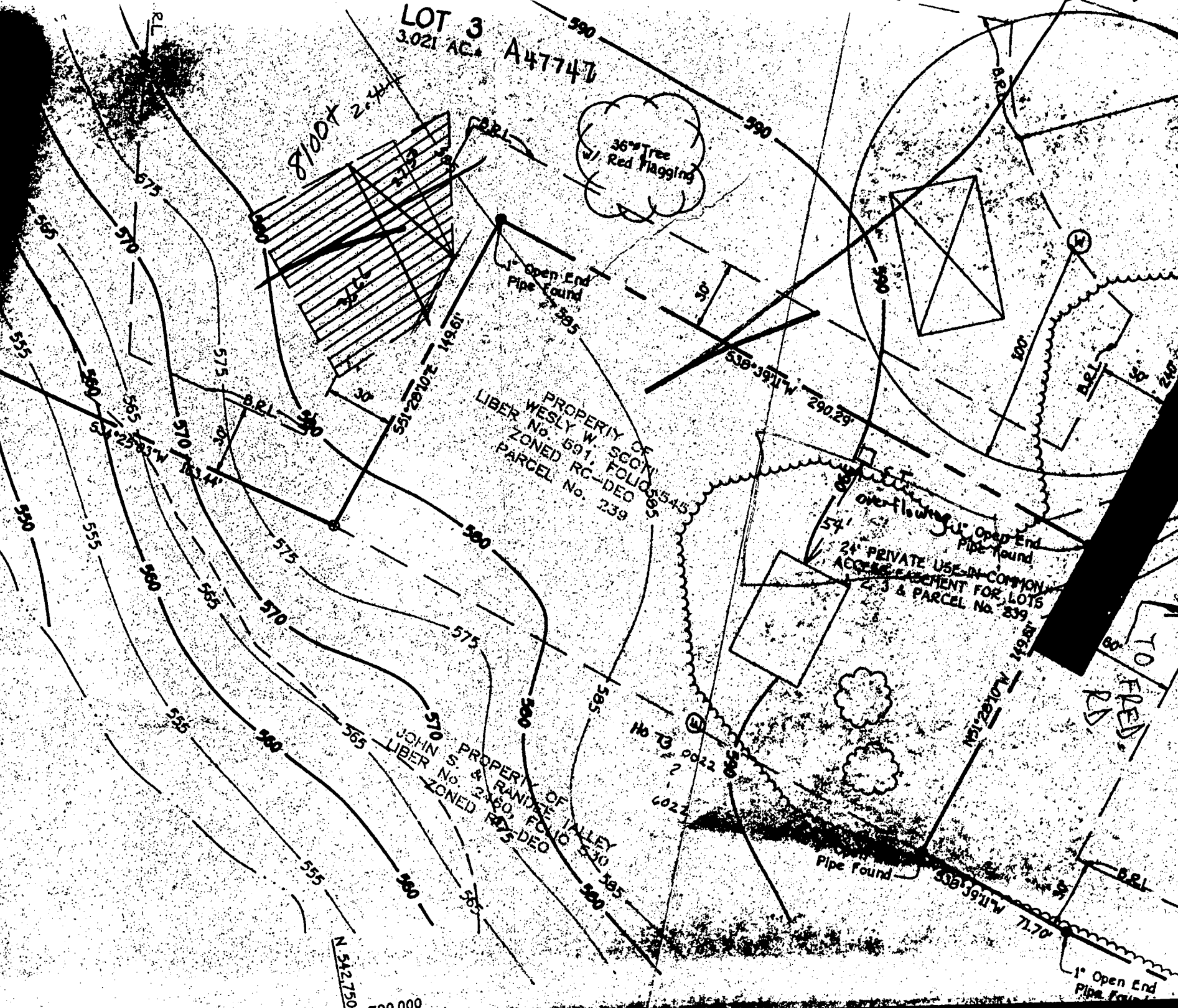


PROPERTY OF
LIBER WESLY W. SGCN
No. 691, FOLIO 5545
ZONED RC-DEO
PARCEL No. 239

PROPERTY OF
LIBER JOHN S. & RANDIE TANLEY
No. 2480, FOLIO 5545
ZONED RC-DEO

over-flowing
24" PRIVATE USE IN COMMON
ACCESS EASEMENT FOR LOTS
239 & PARCEL No. 239

TO FIELD
RD



REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 1500³ Frederick Road ZIP 21797

OWNER
OCCUPANT Wesley Scott ADDRESS 1500³ Frederick Road PHONE 301-520-4805
(W) 788-7700

COMPLAINANT Cindy Martlock ADDRESS 5745 Calverton Street PHONE 788-0519(H)
Baltimore, Maryland 21228

REASON FOR INVESTIGATION Overflowing Sewage; enter @ mailbox for 15005 to fan brick house, way back on left

RECEIVED BY Jane Reeves DATE 12/16/93 ASSIGNED TO M.R CODES _____ DATE 12/16

DATE OF INVESTIGATION 12/16 TIME 2:00 WEATHER cool, clear

REPORT INSP REVEALS NO FAILURE @ THIS TIME; LOC. OF PROBABLE C/O FOUND (RECENT EXCAVATION); UPON LEAVING PROPERTY, MET OWNER WHO EXPRESSED ANNOYANCE @ CONSTANT SEWAGE COMPLAINTS FROM ABOVE COMPLAINANT (OR HER ASSOCIATES); SHE ALSO CLAIMS THAT SEPTIC WAS PUMPED + "FIXED" IN AUGUST & THAT THERE IS NO SEPTIC FAILURE, UNLESS COMPLAINANTS "WANT TO PAY FOR IT"; ~~NOT SURE~~ THIS INSP. NOT CONVINCED SEPTIC WON'T BE FAILING IN NEAR FUTURE (IF NOT NEXT MONTH) M. Ripkin

12/16/93
@ FOUND OLD COMPLAINT FILE; NOTE TO FILE RE: UNKNOWN WORK ON SYSTEM BY FOGLE; T/C TO FOGLE REVEALS TANK PUMPED, LINE CLEANED - NO ACTUAL "REPAIR";
FILE CLOSED
MR 12/17/93

DATE SUBMITTED _____ SANITARIAN _____

SITE INSPECTION SHEET

OWNER: Wesley Scott

DATE REQUESTED: 12/16/23

ADDRESS: 15003 Frederick Rd
Woodbine 21797

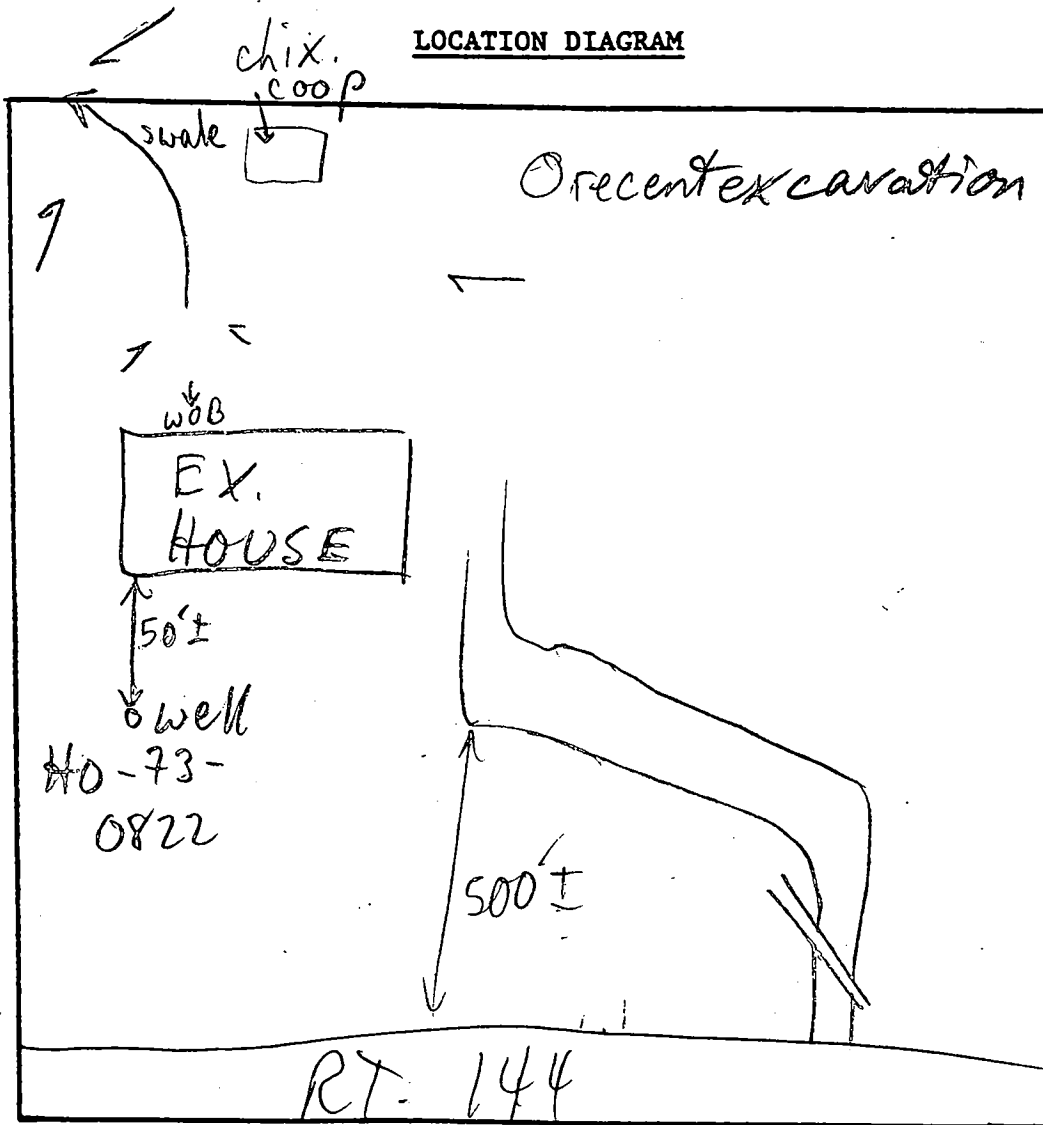
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: sewage overflow

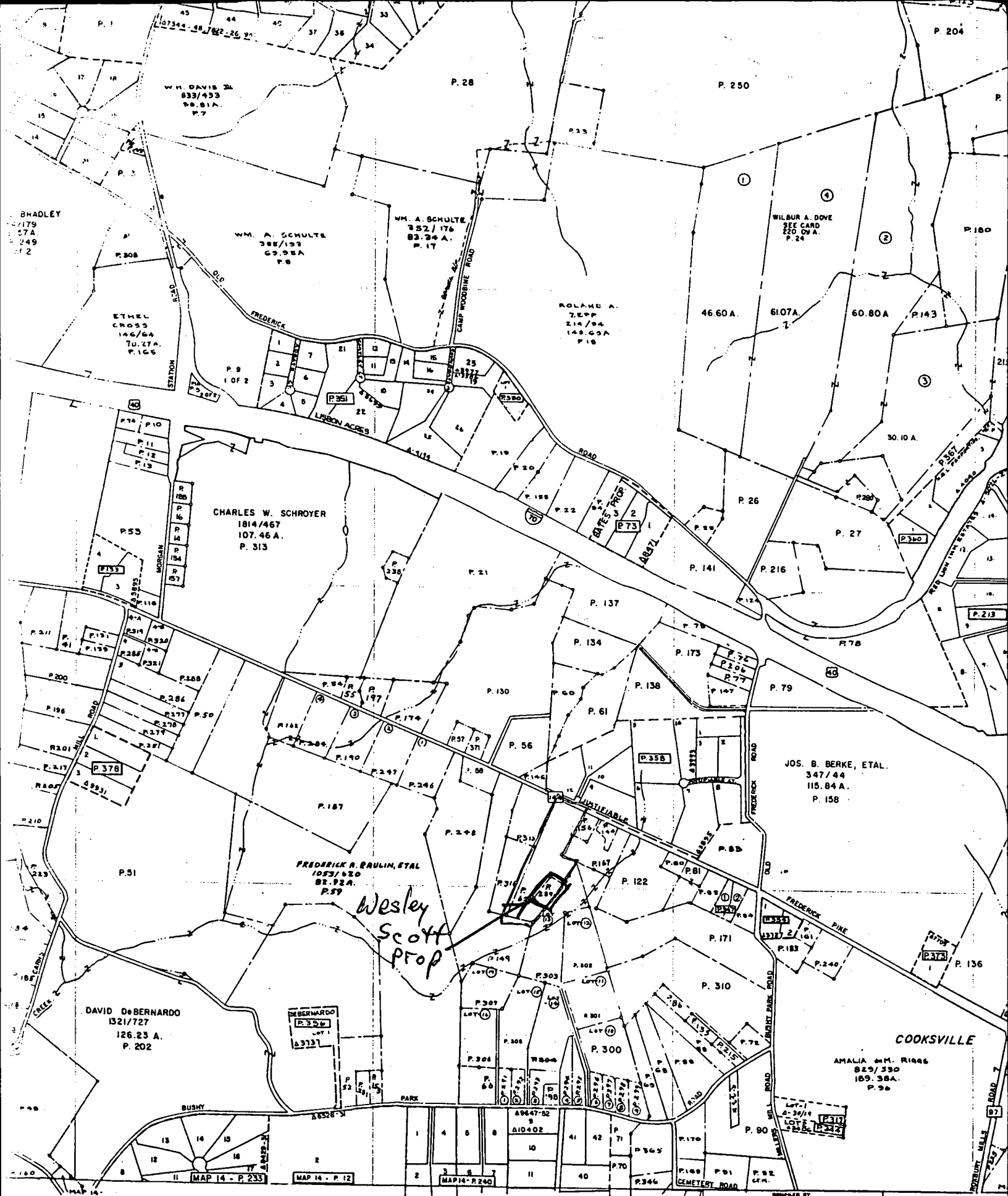
LOCATION DIAGRAM



COMMENTS: SEE ATTACHED COMPLAINT SHEET MR

DATE: _____

INSPECTOR: _____



THESE MAPS ARE PROTECTED BY COPYRIGHT. THEY MAY NOT BE COPIED OR REPRODUCED IN ANY FORM INCLUDING ELECTRONIC MEANS SUCH AS DIGITIZING, SCANNING, AND IMAGE PROCESSING OR BY ANY SYSTEM NOW KNOWN OR TO BE INVENTED WITHOUT PERMISSION IN WRITING FROM THE PROPERTY MAP DIVISION.

DEPT. OF ASSESSMENTS & TAXATION
PROPERTY MAP DIVISION
 THE INFORMATION SHOWN HEREON HAS BEEN COMPILED FROM DEED DESCRIPTIONS AND IS NOT AN ACTUAL SURVEY. IT SHOULD NOT BE USED FOR LEGAL DESCRIPTIONS UNLESS NOTING ERRORS ARE MADE TO NOTIFY DEPARTMENT OF ASSESSMENTS & TAXATION.

PROPERTY LINE
 SUB-DIVISION BOUNDARY
 CONTINUING OWNERSHIP
 PARCEL NUMBER - P. 348

SCALE: 1" = 600'

REVISED TO: DATE DEC. 92 LHM 2728 LLM 376