

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-336 453

7/21/77 Partial  
P 26184 c. B.S.  
8/2/77 app  
A 24122  
Sum  
ELLICOTT CITY  
DISTRICT 4th

INDEXED

DATE 6/23/77

Costello Builders

IS PERMITTED TO INSTALL  ALTER

ADDRESS Box 2201 Route 94, Woodbine, Md.

PHONE 442-2288

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD

1399 Morgan Station Road

LOT 2

PROPERTY OWNER

~~Joseph Mr. Marsha S. Dorsey~~  
Gerard G. Benkert

Ciborowski

ADDRESS 1395 Morgan Station Road, Woodbine, Md.

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 \_\_\_\_\_ GALLONS

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

OTHER ~~DRY WELL~~ & TRENCH-Trench to be 100 ft. long, 2 ft. wide, 10 ft. deep, and contain 5 ft. of stone. ~~\_\_\_\_\_~~ to be located 70 ft. from the rear and 20 ft. from right side line as seen when facing property from Morgan Station Road. System to have 135 sq. ft. absorption area per bedroom below the first 4 ft. of original grade. Maximum depth permitted for dry well is 10 ft. below original grade. CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED.

NOTE: ALL PIPES FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER 3 YEARS.

NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Richard A. Biggs

DATE 3/21/77

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.

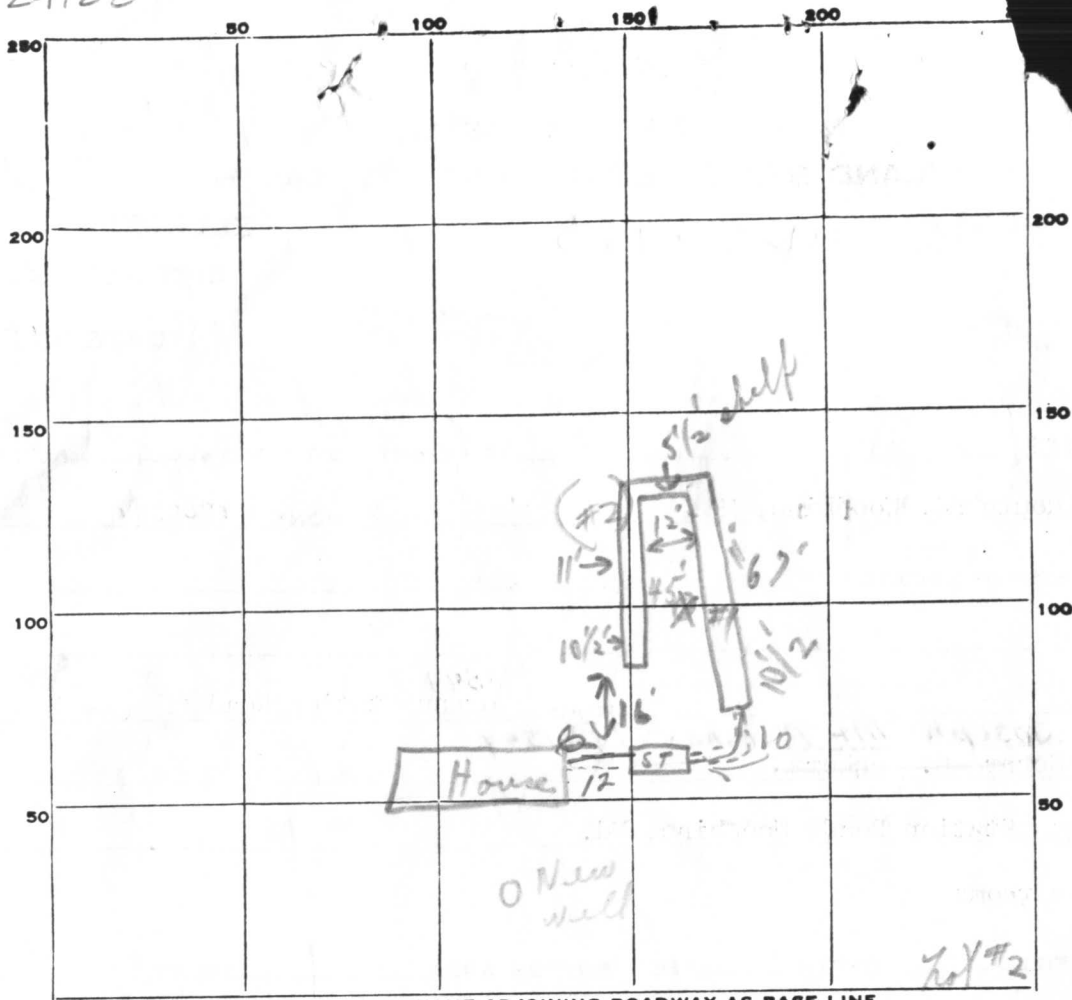
4" Trench ← D.W.M. (?)

Permittee Field copy

BLDG. PERMIT SIGNED AND RETURNED 11/10/83 Serial # 56310 enclosed papers

A 24122

A24122



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

*parted*

|      |     |
|------|-----|
| ST   | DW  |
| No 1 | N/A |

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS

7/21/77 <sup>(#1) (#2)</sup> trenches only ok for gravel all system in no fill. C.B.S.

Hold approval <sup>water</sup> well hole in middle of trenches ~~not filled~~

7/22/77 No change on water well <sup>No-73-2039 per log</sup>

Gravel to 4 1/2' of present grade ok to cover trenches to 20' of first bend to + from septic tank. C.B.S.

DATE SYSTEM APPROVED

8-3-77

INSPECTOR

*ew. Marogka*

A24122

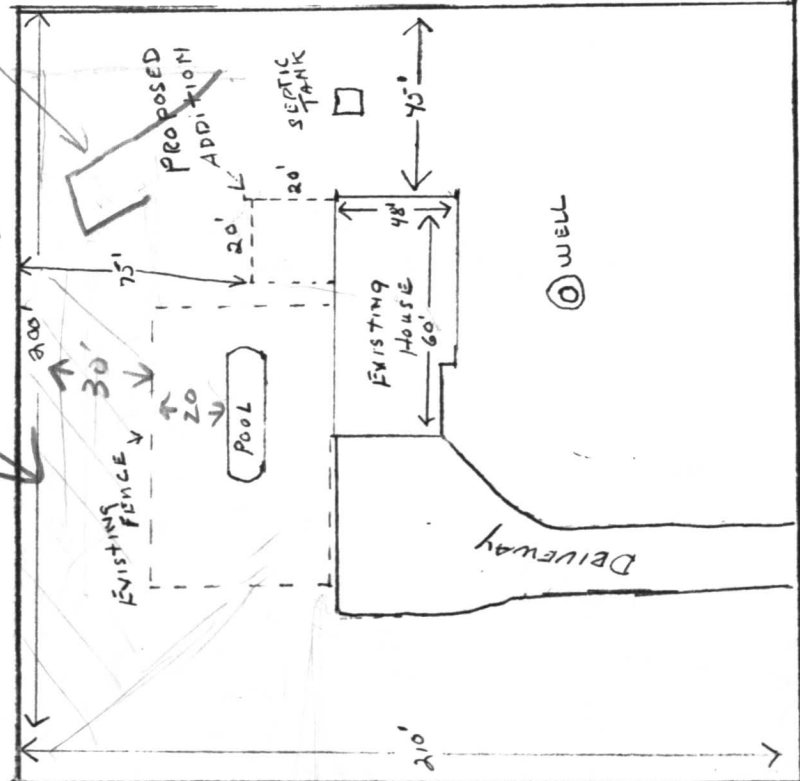
ELECTION DISTRICT - 4<sup>TH</sup>

ZONING OF PROPERTY - RESIDENTIAL

1399 MORGAN STATION RD  
WOODBINE, MD 21797

BRACKEN ADDRESS APPEARS NEARBY  
ACCURATE TRENCH  
30' WIDE STRIP FOR REPAIR TRENCHES

OK AS ADDITIONS ALLOWED TO PROCEED.  
AS ADDITIONS BEYOND DUE SPACE  
NO MORE CAN BE ADDED  
ANY KIND OF 11' 9" IN  
DOWN



Existing House

MORGAN STATION RD.

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

NOV 1 9 00 AM '83

DIVISION OF  
ENVIRONMENTAL  
HEALTH

# APPLICATION

A \_\_\_\_\_

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

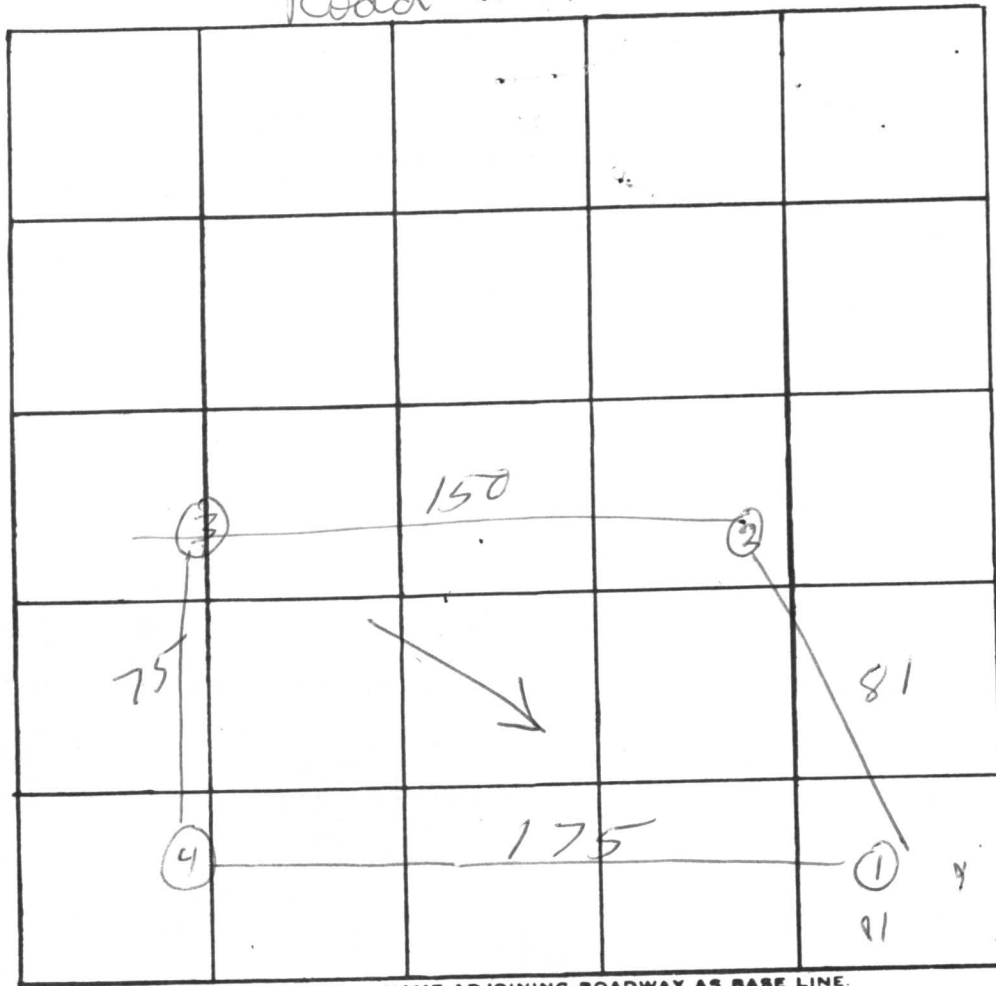
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

A24122

Road



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH  | PRE-WET  |      | TEST - 1" DROP |      | TIME |
|------|----------|--------|----------|------|----------------|------|------|
|      |          |        | START    | STOP | START          | STOP |      |
|      | 1        | 4      | 143      | NO   | PERK           | ---  |      |
|      | a        | 12     | 144      | 148  | 148            | 154  | 6    |
|      | 2        | 4      | 148      | 149  | 149            | 151  | 2    |
|      | a        | 12     | O/K ROSS |      |                |      |      |
|      | 3        | 4      | Upward   |      |                |      |      |
|      | a        | 11 1/2 |          |      |                |      |      |
|      | 4        | 4      | 221      | 225  | 225            | 233  | 8    |
|      | a        | 12 1/2 | 221      | 222  | 222            | 227  | 5    |
|      |          |        |          |      |                |      |      |
|      | 1b       | 6      | 209      | 219  | 219            | 238  | 19   |

Clay to 3  
Rocky to  
11 1/2

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT: \_\_\_\_\_



**DRYWELL DATA:**

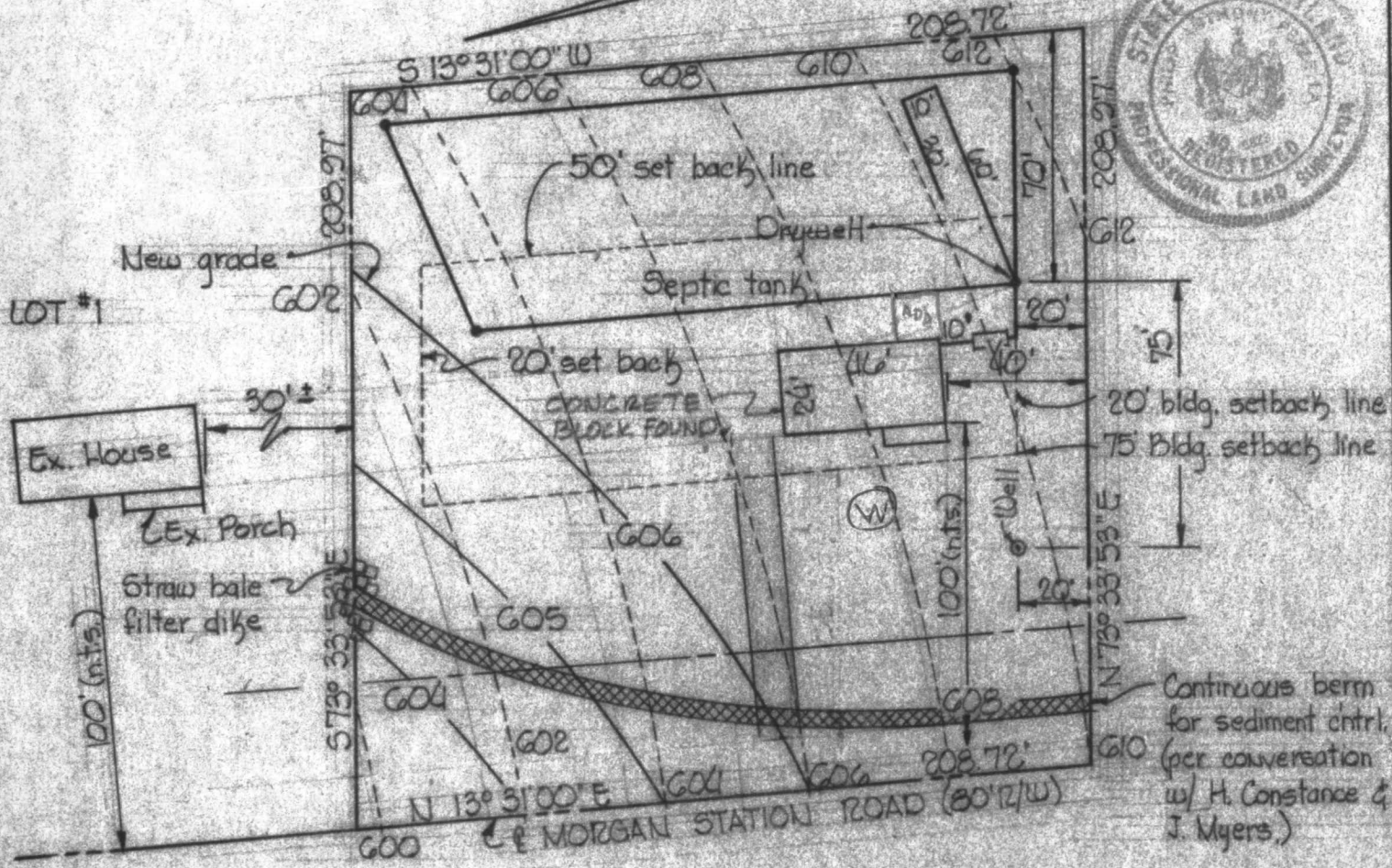
A24122

|                                     |        |                |                 |
|-------------------------------------|--------|----------------|-----------------|
| Invert in <del>drywell</del> trench | G05.50 | Ex. Gr. G10.50 | Fin. Gr. G10.50 |
| Invert out septic tank              | G06.02 |                |                 |
| Invert in septic tank               | G06.35 | Ex. Gr. G09.00 | Fin. Gr. G09.00 |
| Invert out of dwelling              | G06.56 |                |                 |
| Basement elevation                  | G05.00 |                |                 |
| First floor elevation               | G13.00 |                |                 |
| Well                                | G09.50 | Ex. Gr. G09.50 | Fin. Gr. G09.50 |

Lot Area: 1 Acre

I HEREBY CERTIFY THAT THE IMPROVEMENTS SHOWN ON THIS PLAT IS TRUE AND CORRECT.

*Philip A. Pizzella* 5/20/77



**FOUNDATION CERTIFICATION**

**LOT 2-MORGAN STATION ROAD  
COSTELLO BUILDERS CORP**

SCALE 1"=50'

OK 6-2-77  
Dunn

C 1 **8758** 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, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **A24122**

DATE RECEIVED (WRA USE ONLY)

8-13

DATE WELL COMPLETED **6/2/77**

15 20

DEPTH OF WELL **150**

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**H0-73-2037**

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **277**

OWNER **Costello** LAST NAME **Junamy** FIRST NAME

STREET OR RFD **#2-Box 2201** POST OFFICE **Woodbridge, Va**

**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         |                                     |
| <b>GRAY SAND STONE</b>                           | <b>4</b> | <b>150</b> | <input checked="" type="checkbox"/> |

**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 **RAY KEYSER**

(PLEASE PRINT) **Roy Keyser**

SIGNATURE **Roy Keyser**

**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 **504**

GALLONS OF WATER **36**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM **0** FT. TO **30** 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) **35**

60 61 63 64 66 70

**OTHER CASING (IF USED)**

DIAMETER (INCH) DEPTH (FEET) FROM TO

EACH CASING

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  ST BRASS OR BRONZE  BR OPEN HOLE  HO

PLASTIC  PL OTHER  OT

C 2 (SEQ. NO.)

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)  
 FROM **35** TO **150**

EACH SCREEN

1 **H0** FROM **35** TO **150**

2

3

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

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

TELESCOPE CASING  70 LOG INDICATOR  72 OTHER DATA AVAILABLE  74  75  76

**PUMPING TEST**

C 3 (SEQ. NO.)

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **5**

METHOD USED TO MEASURE PUMPING RATE **ROTARY**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING **30** (NEAREST FOOT)  
 WHEN PUMPING **145** (NEAREST FOOT)

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

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) **31** **35**

PUMP HORSE POWER **37** **41**

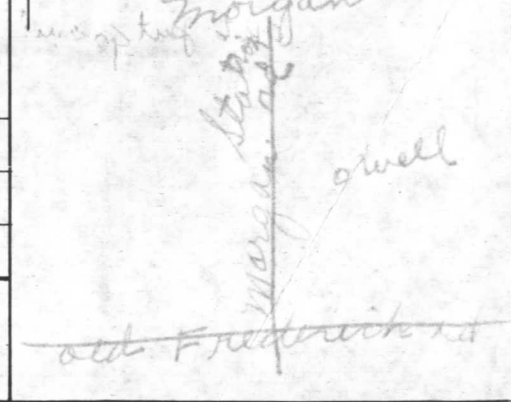
PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

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

ABOVE } LAND SURFACE (NEAREST FOOT)  
 BELOW }

**49** **50** **51**

**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).



RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

4 8 4 16 PM '71

DIVISION OF  
ENVIRONMENTAL  
HEALTH

