

File

7/21/77 Patrol
c.B. 8

P 26185

PERMIT

A24123

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-336461

ELLICOTT CITY

DISTRICT 4th

7/22/77

DATE 6/23/77

INDEXED

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 1403 Morgan Station Road LOT 3

PROPERTY OWNER Gerald G. Benkert Nugent

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-To be located 110 ft. from the front and 20 ft. from the right side line as seen when facing the lot from Morgan Station Road. System to have 172 sq. ft. per bedroom below the first 5 ft. of original grade. Maximum depth permitted for dry well is 11 ft. below original grade.

NOTE: ALL PIPE 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.

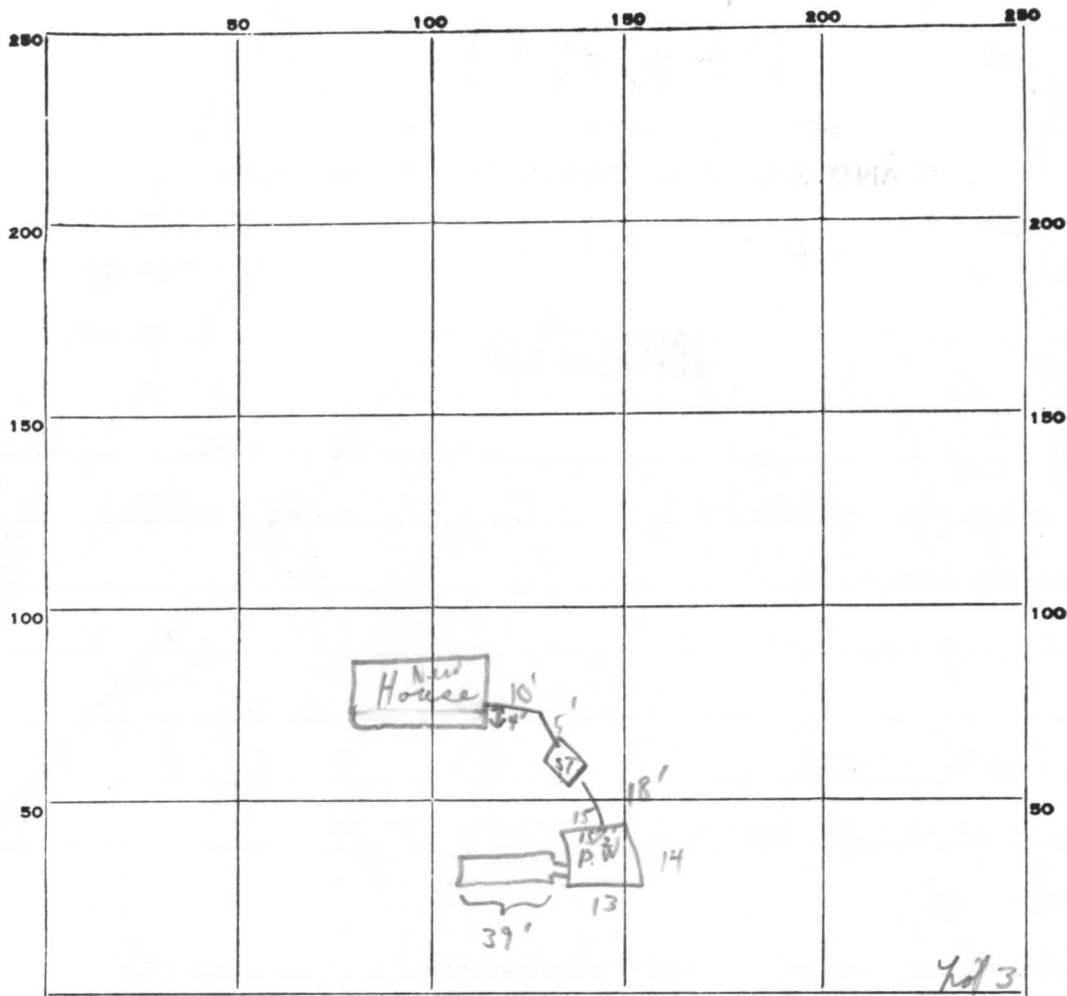
PLANS APPROVED BY Richard A. Biggs DATE 3/21/77

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.

A 24123

A24123



172
3
516

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

(Yes partial) Rt S.T. P.W.

SEPTIC TANK, LEVEL

ok 7/21 + 7/22 ok ok

CLEANOUTS

DISTRIBUTION BOX, LEVEL

N/A

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

GRAVEL DEPTH 6 IN. TOTAL LENGTH 39 FT.

1" of pipe comes right out from under dry well lid

234 ±

NUMBER OF TRENCHES outside 57 TOTAL BOTTOM AREA -

SEEPAGE PITS, INSIDE DIAMETER 57 FT. DEPTH BELOW INLET 7 ± FT.

319 ±

ABSORBENT AREA 633 ± SQ. FT.

Field dit 1 1/2 - 2' in dry well + trench area

REMARKS

(Dry well depth ok) ? How deep Trench 12' deep pipe inlet to trench to be under led to dry well. Notes lot 4 hold for P.W.M. No papers C.B.S. Dry well gravel 7/22/77 Paper over gravel, gravel to 6' in trench job

DATE SYSTEM APPROVED

7/22/77 above

INSPECTOR

C. B. Shickley

RECORDED

APPLICATION

A 24123

SEWAGE DISPOSAL TESTING

P _____

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 4th

DATE 10/4/76

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 Gerard G. Benkert

ADDRESS 1395 Morgan Station Road, Woodbine, Md. PHONE 442-2824

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION Morgan Station Road

SIZE OF LOT 1 acre TYPE BLDG. 3 or 4 bedrooms
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 /s/ Gerard G. Benkert

APPROVED BY *R. Biggs* FOR *Dry Well* DATE 21 Mar 77
(KIND OF SYSTEM)

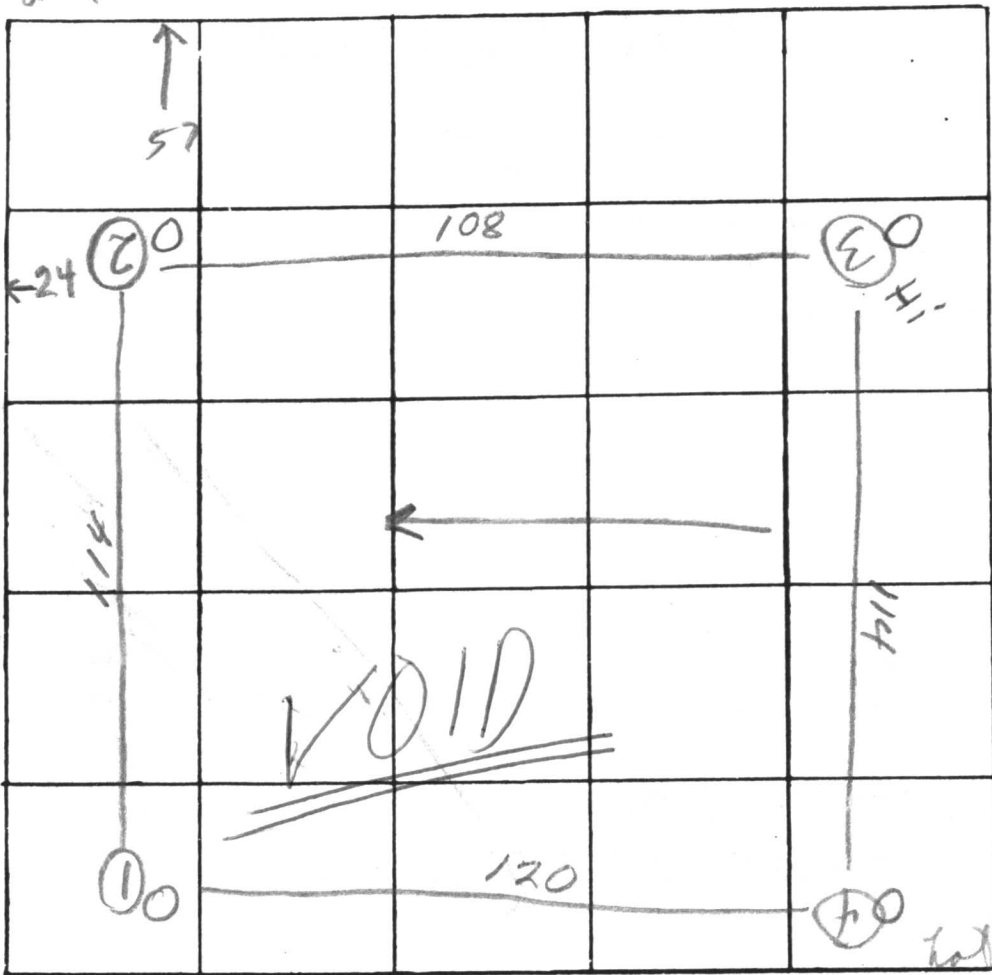
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A24123



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Morgan Sta

①
Clay
2
Clay loam

②
Clay
2
sandy loam

③
Clay loam
" "
shaly clay

④

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	1	4	1336	139	139	145	6	
	1a	12	1338	141	141	152	11	
	2	4	1350	1351	1351	154	3	
	2a	13	1350	154	154	205	11	
	3	4	1417	1420	1420	1424	4	
	3a	12	^{lose} 1417	1418	1419	1422	3	
	4	Visual at 13 Clay loam						
	4a	no distinct soil horizon						

REMARKS _____

TYPE OF SOIL _____

TESTED BY: Richard [Signature] ALSO PRESENT: _____

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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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)

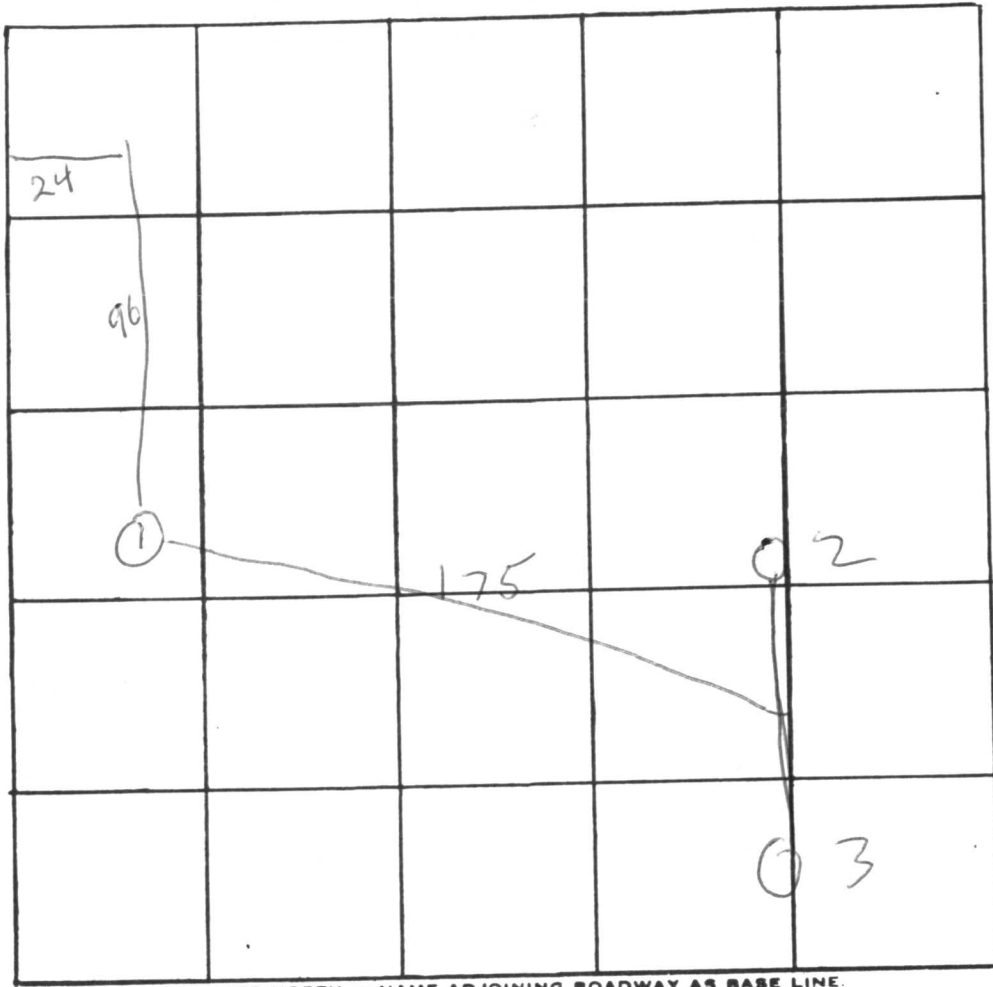
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A24123



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	Visual					
	a						
	2	4	143	253	253	317	23
	a	13.5	244	252	252	256	4
	3	4 1/2	256	no perk			
	a	13	242	246	246	255	9
	3h	5 1/2	312	318	318	333	15

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A _____

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DATE _____

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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 _____

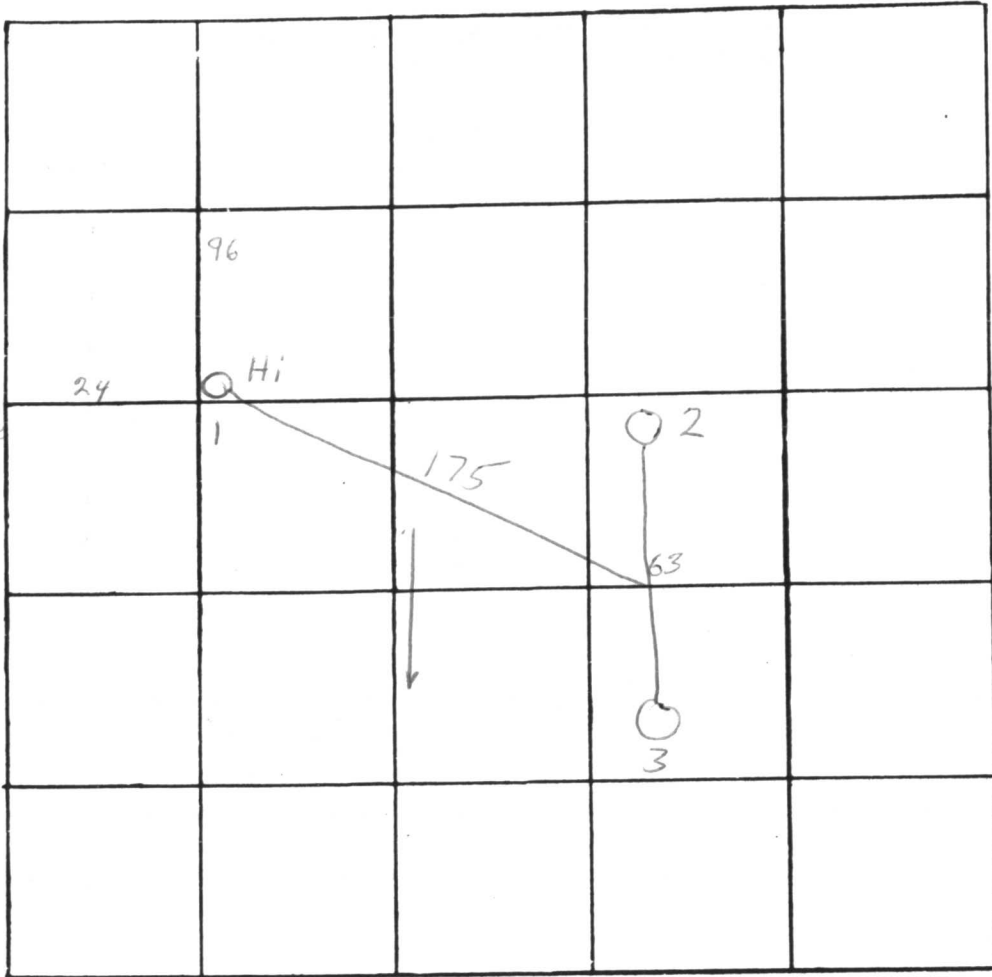
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A24123



Clay + 4.5-5
ft on all hole
(# 3h at 5 1/2')

Sandy 7-5
15-13

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Morgan Station Rd.

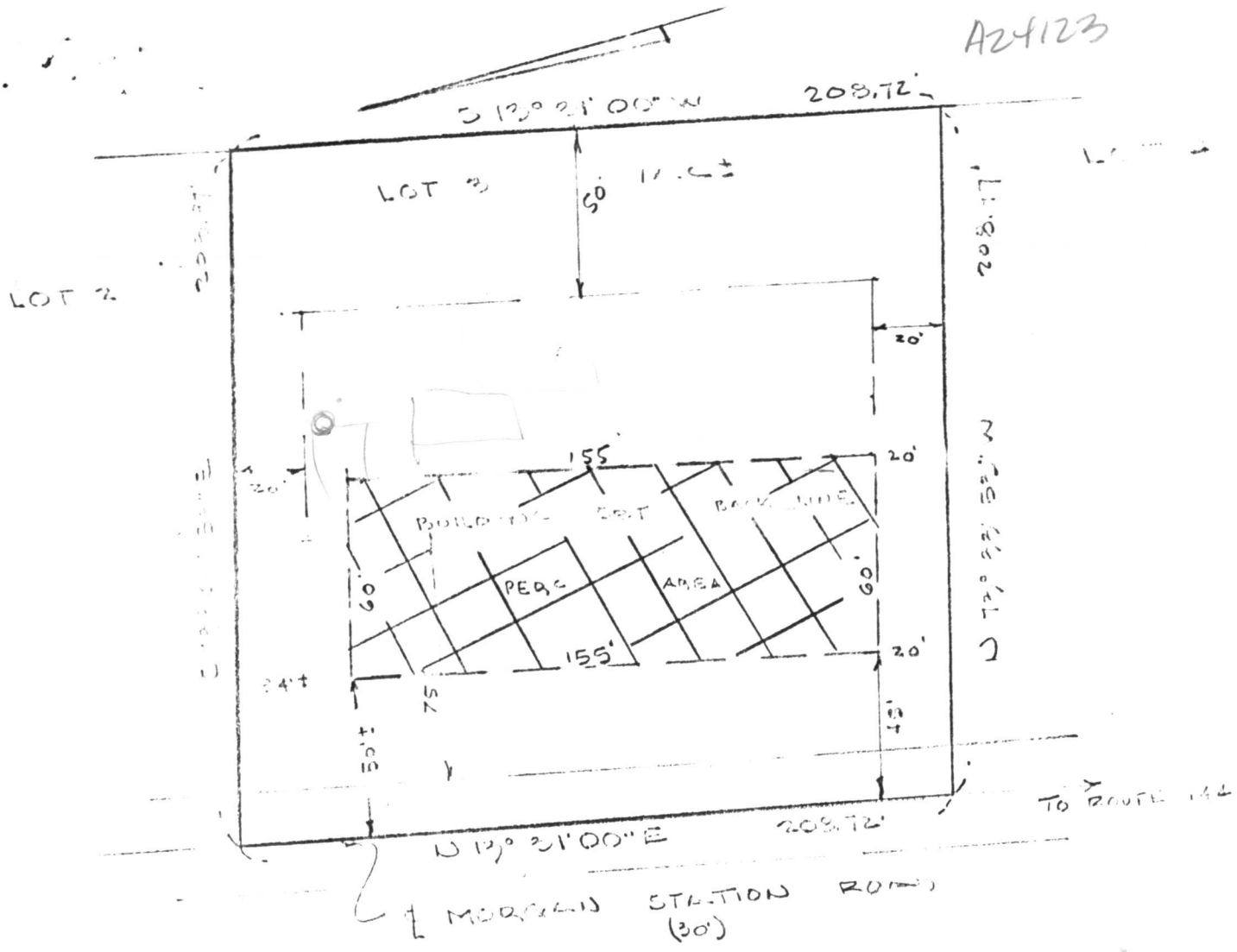
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
17 Dec 70	1	12'	Visual				
"	2	4	143	253	253	317	23
"	2a	13.5	244	252	252	256	4
"	3	4.5	Wo	Park	(see below)		
"	3a	13	242	246	246	255	9
"	4						
"	4a						
"	3h	5.5	312	318	318	333	15

REMARKS Well + system first

TYPE OF SOIL _____

TESTED BY R Biggs + Theaker ALSO PRESENT: Benkert

A24123



THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
Frank Foster
 COUNTY HEALTH OFFICER 3-21-77 DATE

FIELD LOCATED PERC HOLE'S FROM EXISTING REAR LOT CORNERS SET BY OTHERS.
 WALTER PARK REG. L.S. #5539
 HUDKINS ASSOCIATES
 231 JOSEPH SQUARE
 COLUMBIA, MD 21044

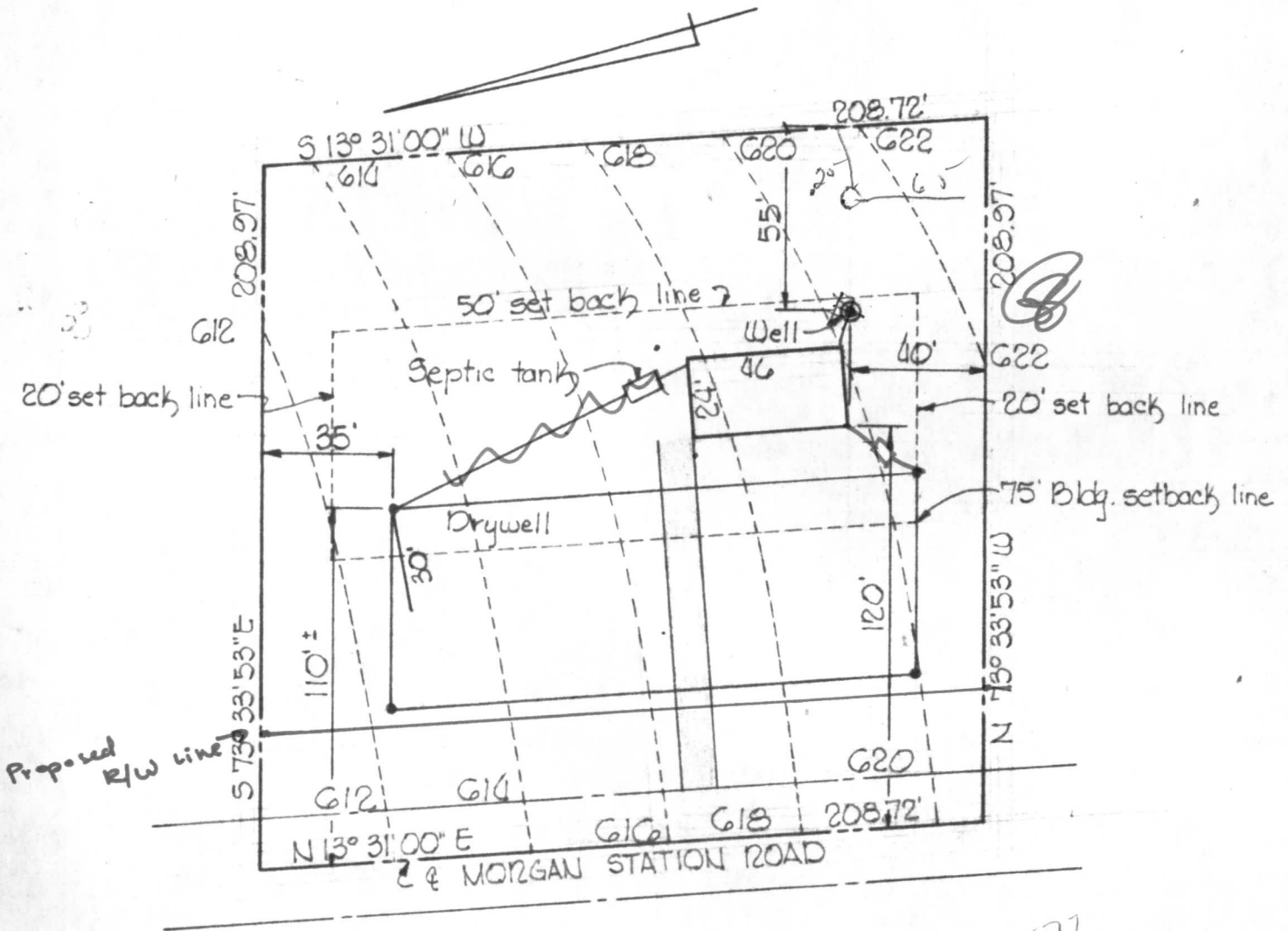


PLAT OF PERC HOLE LOCATIONS

LOT 3 GERARD BENICURT ESTATE
 MORGAN STATION ROAD
 4th ELECTION DISTRICT HOWARD COUNTY
 WOODBINE, MARYLAND
 SCALE 1"=50' DECEMBER 3, 1976

DRYWELL DATA,

Invert in drywell	608.00'	Ex.Gr. G13.00'	Fin.Gr. G13.00'
Invert out septic tank	614.46		
Invert in septic tank	614.79	Ex.Gr. G17.00	Fin.Gr. G17.00
Invert out of dwelling	615.00		
Basement elevation	616.00		
First floor elevation	624.00		
Well	620.25	Ex.Gr. G20.25	Fin.Gr. G20.25



LOT 3 MORGAN STATION ROAD

COSTELLO BUILDERS CORP

SCALE 1" = 50'

C 1 **8755** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON WELL 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 **A24123**

DATE RECEIVED (WRA USE ONLY)

8-13

DATE WELL COMPLETED **6-8-77**

15 20

DEPTH OF WELL **125**

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

AO-73-2038

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **377**

OWNER **Castello** LAST NAME **Jimmy** FIRST NAME

STREET OR RFD **#2-Boy 2201** POST OFFICE **Hardbone Md**

WELL LOG		FEET	CHECK IF WATER BEARING
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FROM	TO	
GRAY SANDY STONE		4 125	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y** YES NO **N**

TYPE OF GROUTING MATERIAL (CIRCLE BOX):

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **5** NO. OF POUNDS **470**

GALLONS OF WATER **30**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **22** FT.

CASING RECORD

CASING TYPES (CIRCLE 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) **25**

OTHER CASING (IF USED)

DIA. (INCH)	DEPTH (FEET)

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: **HO** STEEL **ST** BRASS OR BRONZE **BR** OPEN HOLE **HO** PLASTIC **PL** OTHER **OT**

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM	TO
1 HO	25	125
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 **F**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **8**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **10**

METHOD USED TO MEASURE PUMPING RATE **ROTARY**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **30** (NEAREST FOOT)

WHEN PUMPING **120** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

R CENTRIFUGAL **R** ROTARY **O** OTHER (DESCRIBE BELOW)

A AIR **P** PISTON **T** TURBINE

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** YES **N** NO

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

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

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

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE LAND SURFACE **1** (NEAREST FOOT)

- BELOW **49** TO **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

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) **Ray Keyser**

SIGNATURE _____

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).

old Frederick rd

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

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

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

IN 8 4 16 PM '77

DIVISION OF
ENVIRONMENTAL
HEALTH

