

11/14/84
11 AM

11/14/84 WPI - PRESSURE TANK approved
11/14/84 Staged

PERMIT

P 34509
A 24180

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330 44-9933

03-305015
INDEXED

ELLCOTT CITY
DISTRICT 3rd
DATE 10/24/84

K & K Excavating, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Annandale ROAD 13350 Grinstead Court LOT 7, Section 2

PROPERTY OWNER Fred Pipes

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

BLDG. PERMIT SIGNED
AND RETURNED 6/21/84
Serial # 59574

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below dsitribution pipe. LOCATION: Start the first trench 165 feet from the edge of Grinstead Court and 125 feet from the edge of Old Frederick Road. Run trench(s) along level ground toward Old Frederick Road. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK TO RUN DEEPER IF VISUAL HOPE PROVES OK. 11/14/84/CW
(80 FT TRENCH W/8' STONE IF POSSIBLE.)

PLANS APPROVED BY C. Williams DATE 10/24/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

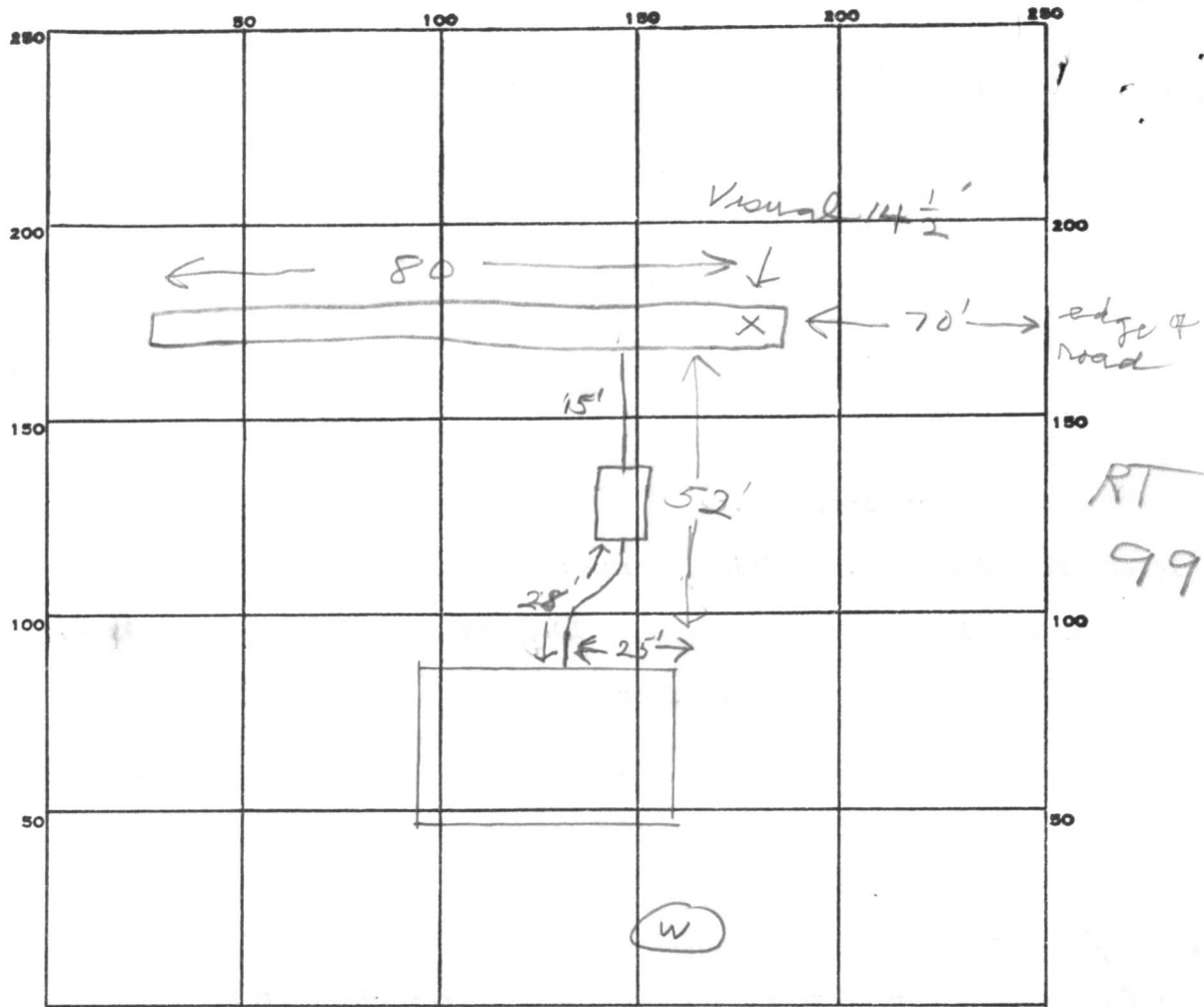
PERMIT VOID AFTER THREE YEARS.

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

A24180



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Grinstead Ct

PERMIT CARD

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 640

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 640 SQ. FT.

REMARKS 11/14/84 OK to add stone in trench

OK to cover work to trench

11/14/84 OK to cover all work

DATE SYSTEM APPROVED 11/14/84 INSPECTOR Stayer

APPLICATION

A 24180

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 3rd

DATE 9/21/76

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 Fred James Pipes

ADDRESS 13555 Old Frederick Road, Sykesville, Md. 21784 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. 23

ROAD AND DESCRIPTION Grinstead

SIZE OF LOT 42,600 sqw ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS single family dwelling

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

SIGNATURE OF APPLICANT /s/ Fred James Pipes

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

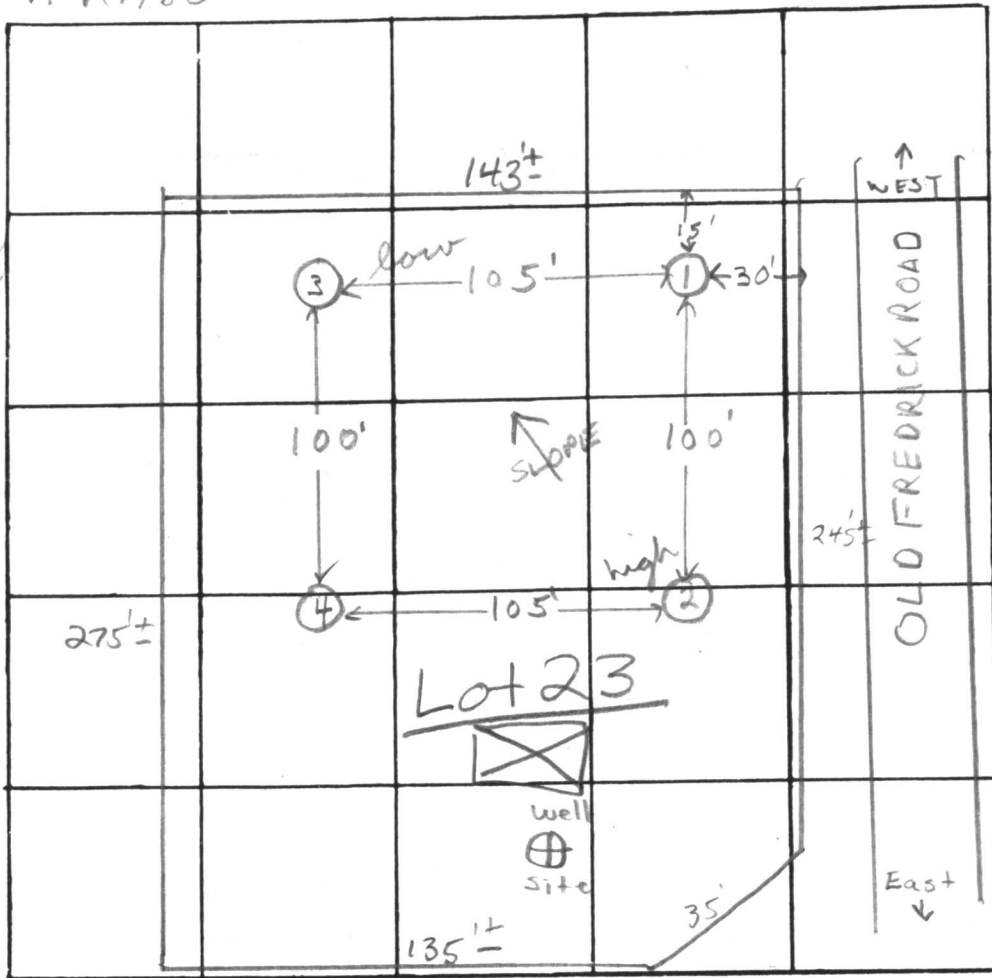
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A 24/80



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Grinstead Court

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/22/70	1	4'	1:18	1:22	1:22	1:27	5 min	
	1A	12 1/2'	1:23	1:26	1:26	1:33	7 min	
	2 high	4 1/2'	1:29	1:31	1:31	1:35	4 min silty at 3'	
	2A	13 1/2'	1:26	1:32	1:32	1:41	9 min	
	3 low	4 1/2'	1:44	1:46	1:46	1:50	4 min	
	3A	12 1/2'	1:36	1:42	1:42	1:52	10 min	
	4	13'	Clayey to 3'; silty loam below					

REMARKS

TYPE OF SOIL

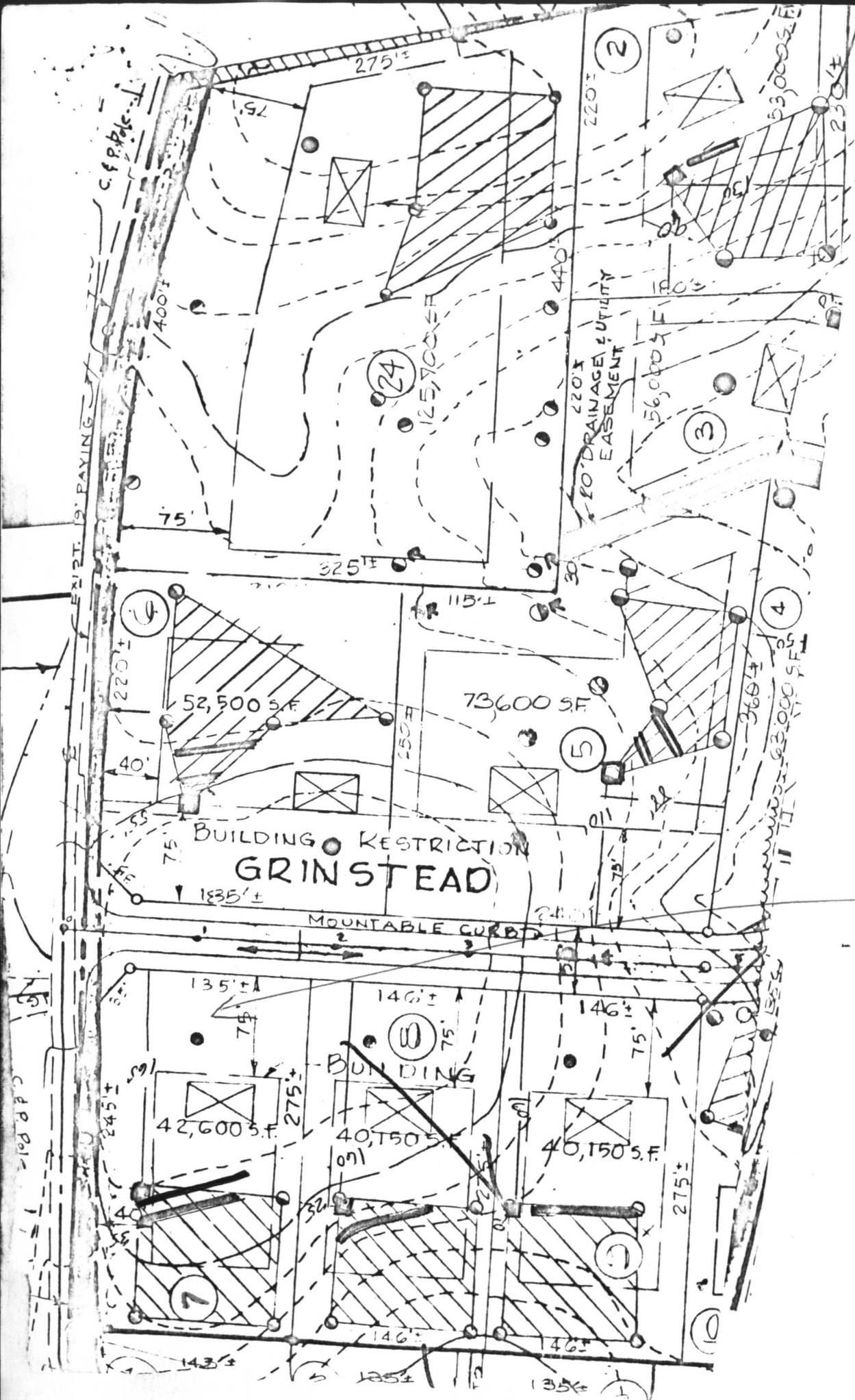
silty loam below top ~ 3' clayey soil

TESTED BY

F.S.

ALSO PRESENT:

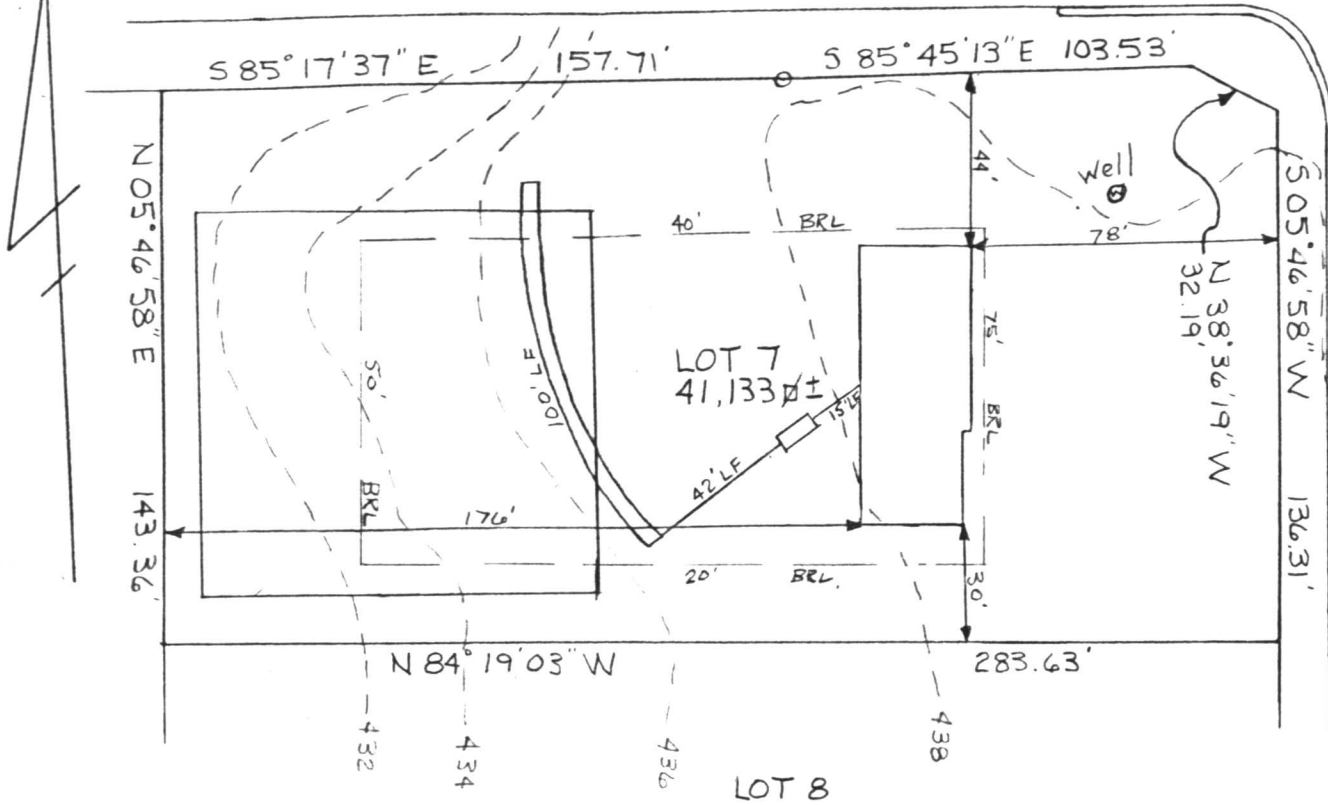
Pipes et al



1125/84
 Well site OK
 T.S.

OLD FREDERICK ROAD 50' R/W

GRINSTEAD COURT 50' R/W



HOUSE:

FIRST FLOOR	440.0
BASEMENT	431.0
INVERT	434.50

SEPTIC TANK:

EXISTING GRADE	437.7
PROPOSED GRADE	438.0
INVERT IN	434.19
INVERT OUT	433.94

TRENCH:

EXISTING GRADE	436.5	3
INVERT	433.5	6
BOTTOM	427.5	
STONE	6.0	
WIDTH	2.0	
LENGTH	100.0	

I certify the above measurements and elevations are actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

PLOT PLAN

LOT 7

ANNANDALE

SECTION TWO

3rd ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE 1"=100' DATE 6/4/84
 SCALE 1"=50'

*of f.f.
6-22-84*

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

C1 **4486** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILE IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A24180**

DATE Received: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **02/16/84**
 Depth of Well: **165** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-81-0400**

OWNER: **Pipes Fred**
 STREET OR RFD: **Grinstead Court** TOWN: **Sykesville**
 SUBDIVISION: **Annandale** SECTION: **2** LOT: **7**

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown shale	2	18	
Granite	18	49	
Mud seam	49	56	
Granite	56	91	
Granite	91	94	J5
Granite	94	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1128**
 GALLONS OF WATER **72**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE: **ST** **6** **59**
 Nominal diameter top (main) casing (nearest inch): **6**
 Total depth of main casing (nearest foot): **59**

OTHER CASING (if used)
 diameter inch: [] []
 depth (feet) from: [] [] to: [] []

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN: **HO** **57** **165**
 SLOT SIZE 1: [] 2: [] 3: []
 DIAMETER OF SCREEN: [] (NEAREST INCH)
 from [] to []

CIRCLE APPROPRIATE LETTER
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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **308**
 DRILLERS SIGNATURE: *Stanley W. Dulligan*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

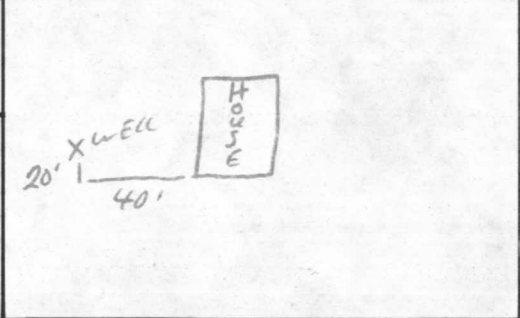
GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **8**
 METHOD USED TO MEASURE PUMPING RATE: **BUCKET**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: **43**
 WHEN PUMPING: **110**
 TYPE OF PUMP USED (for test):
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] 31 35
 PUMP HORSE POWER [] [] [] [] 37 41
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below } **1** (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



1. Name of patient
2. Address
3. City
4. State
5. Zip
6. Date of birth
7. Sex
8. Race
9. Religion
10. Occupation
11. Education
12. Marital status
13. Present illness
14. History of present illness
15. Past medical history
16. Family history
17. Social history
18. Physical examination
19. Laboratory tests
20. Pathology
21. Radiology
22. Microbiology
23. Immunology
24. Serology
25. Hematology
26. Clinical chemistry
27. Toxicology
28. Immunology
29. Microbiology
30. Pathology
31. Radiology
32. Microbiology
33. Immunology
34. Serology
35. Hematology
36. Clinical chemistry
37. Toxicology

DATE OF VISIT: _____
TIME OF VISIT: _____
BY: _____

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

JUL 16 4 10 PM '84

DIVISION OF
ENVIRONMENTAL
HEALTH

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