

03-305147

7/18/86
Septic OK'd + complete
P 37352
A 24220

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330X~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 3rd
DATE 7/16/76

Freedom Sanitation Service IS PERMITTED TO INSTALL ALTER

ADDRESS 2808 Liberty Road, Eldersburg, Maryland 21784 PHONE 795-2947

SUBDIVISION Annandale ROAD 13360 Pipes Lane LOT 19

PROPERTY OWNER Patrick and Ruth Murphy

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 120 feet from the front lot line and 15 feet from the left side line, as seen when facing the lot from Pipes Lane. Continue to dig the trench on level ground running towards the right side of the lot. Place the second trench parallel to and 10 feet away from the first trench. For a 4 bedroom home - two 69 foot long trench - each 9 feet deep.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. 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/cw

PLANS APPROVED BY Frank Skinner DATE 1/14/86

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.

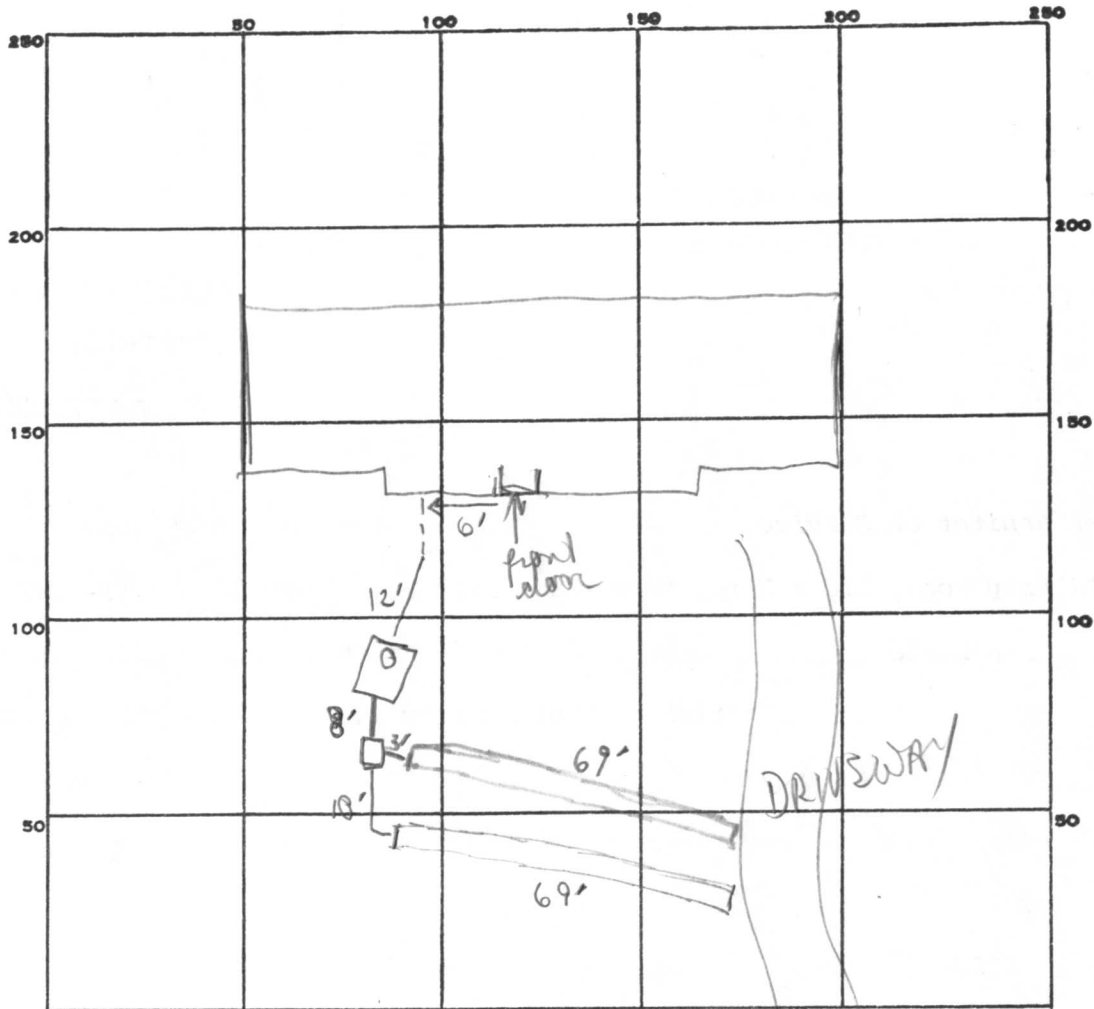
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 24220



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
PIPES LANE

69
65
134
5
670
160
4
640

PERMIT CARD _____

SEPTIC TANK, LEVEL 1250 gal

CLEANOUTS 1 S.T.

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9-7' + 2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5' IN. TOTAL LENGTH 69 + 69 FT.

NUMBER OF TRENCHES 1 + 1 TOTAL BOTTOM AREA 345 + 345

69
5
345

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

ABSORBENT AREA 690 SQ. FT.

REMARKS 7/18/86 OK to finish adding stone pipe paper to trench #1 + cover. OK to start trench #2 + add stone pipe paper. OK to finish laying rest of piping. (No house attachment) will be made - No final till then.

7/18/86 OK to cover trench #2 + all remaining work

7/18 House connection made. All work complete

DATE SYSTEM APPROVED 7/18/86 INSPECTOR B. Naylor

PRELIMINARY

APPLICATION

A. 24220

4 - 13 ft. holes on
10,000 sq. ft.

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 3 rd

DATE 9/23/76

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 Rd., Sykesville, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. 41

ROAD AND DESCRIPTION Gristead Ct. and Old Frederick Rd.

SIZE OF LOT 40,000 Sq. ft. TYPE BLDG. 3 or 4
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/ 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 _____

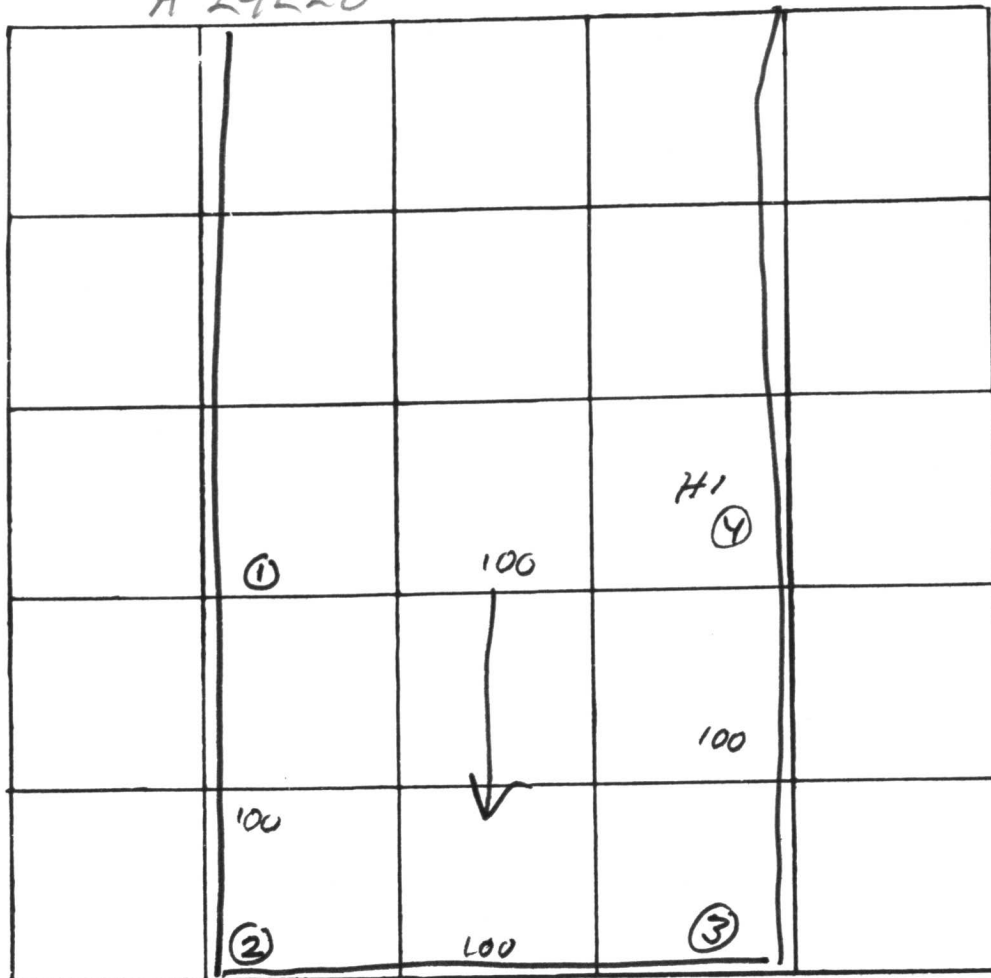
BUDG. PERMIT SIGNED

AND RETURNED 2-6-86

Serial # 68507
SFD

THIS IS NOT A PERMIT

A 24220



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/15/40	1	13'	visual				
	2 s	4				3	3
	d	13				7	9
	3 s	5				5	5
	d	13				8	8
	4 s	5				5	5
	d	13				14	14

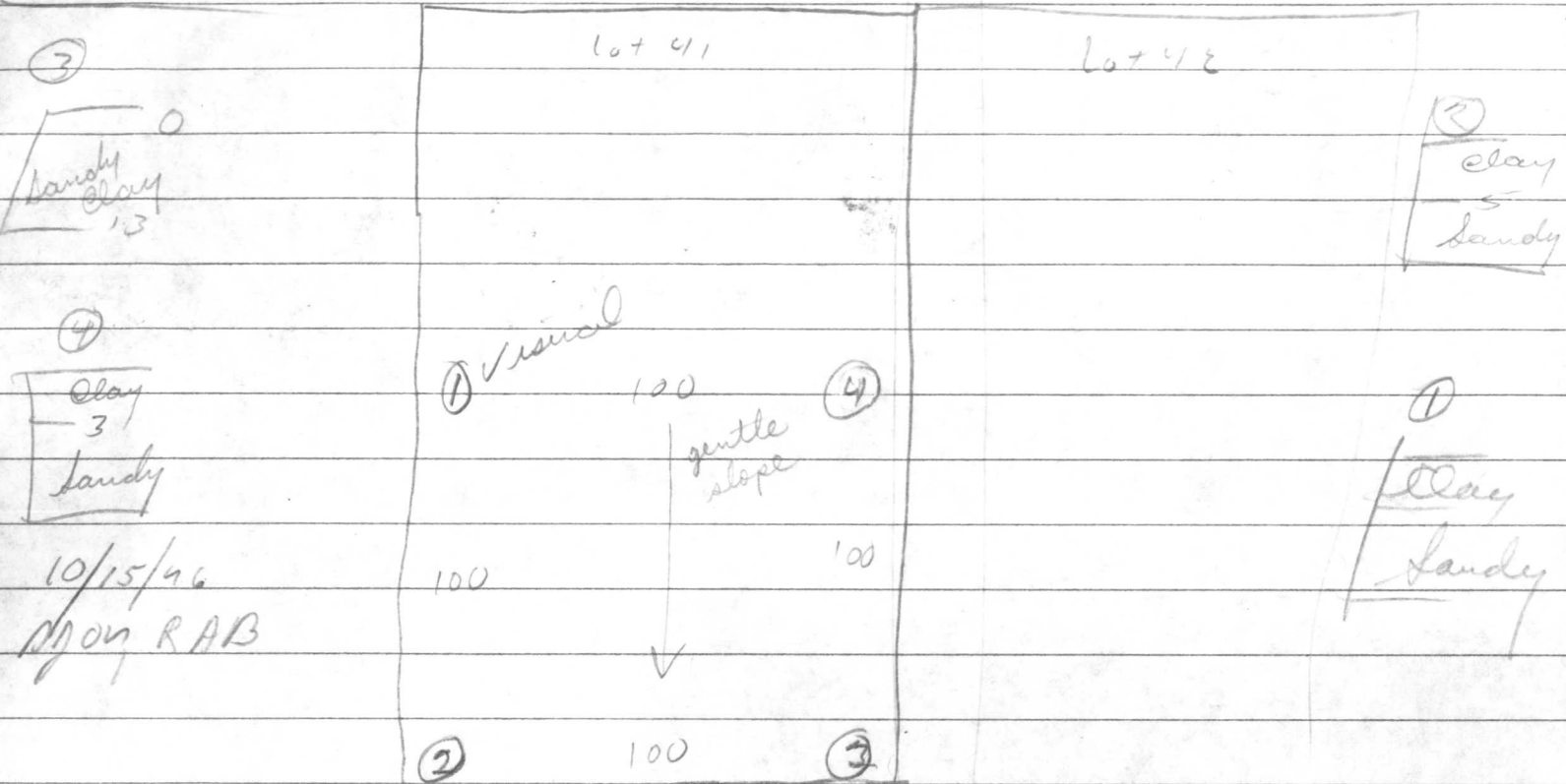
REMARKS _____

TYPE OF SOIL _____

TESTED BY DP04 RAB ALSO PRESENT: Pipers.

Lot 41

Can't find sheet!



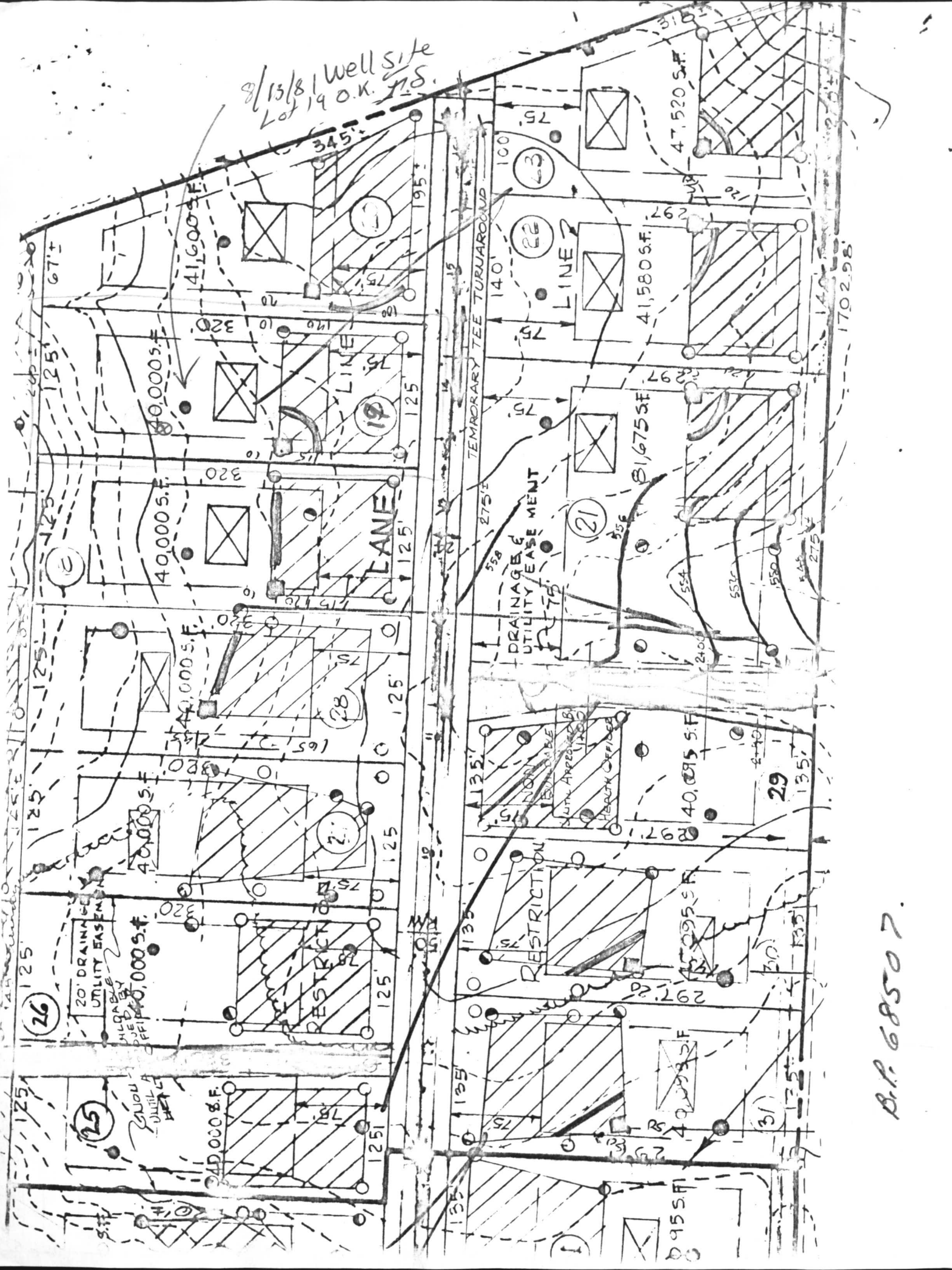
10/15/46
MON RAB

Pipes line

Visual

1s					
d					
2s	4	1457	1459	1502	3
d	13	1457	1500	1507	7
3s	5	1485	1437	1442	5
d	13	1437	1442	1450	8
4	5	1424	1427	1432	5
4a	13	1427	1432	1446	14

8/13/8 Well site
Lot 19 O.K. 7.5.



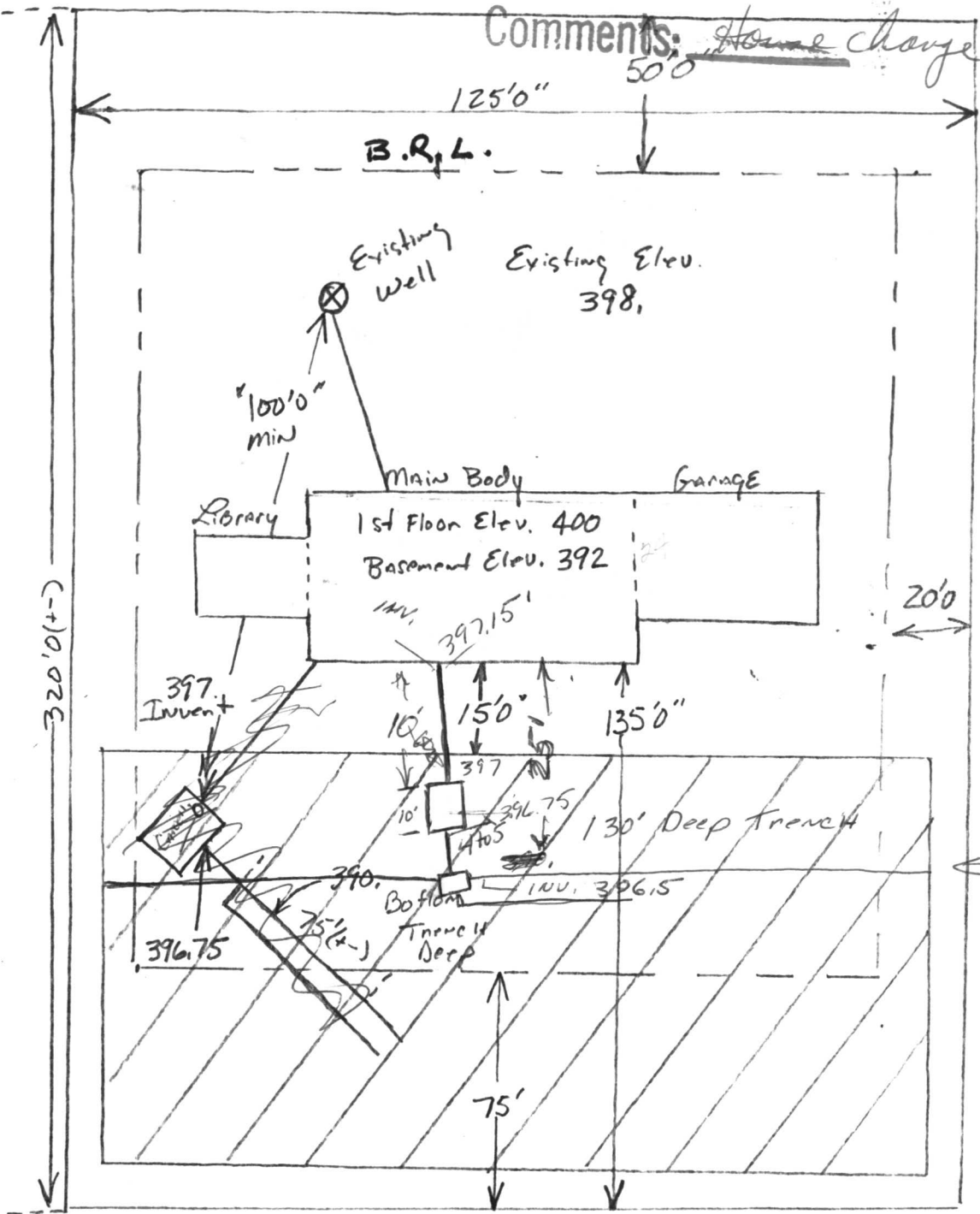
B.P. 68507

Lot # 19 ANNANDALE ESTATES # 68507
 Sec. III REVISED
 Date: 2-6-86 2-6-86

Comments: Home change
 500

Rev. 1/22/86
 MPS

Septic i
 Wright Const.



125
 40
 85
 130 Total
 85
 45

GRADE
 400.5

PIPES LANE.

I certify ABOVE measurements & Elevations are ACTUAL & CORRECT FOR THIS PROPERTY.

Michael P. Shaw

TA Sunw BUILDERS
 788-8244

August 8, 1986

Mr. & Mrs. Patrick Murphy
13360 Pipes Lane
West Friendship, Maryland 21794

Dear Mr. & Mrs. Murphy:

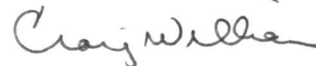
The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,



Craig Williams, Director
Water and Sewerage Program

CW:JR

Enclosures

C 1 8153 SEQUENCE NO. (WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
30 DAYS AFTER WELL IS COMPLETED
COUNTY NUMBER A 24220

Date Received (WRA use only) 8/24/81
DATE WELL COMPLETED

Depth of Well 125
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H10-73-3976

OWNER PIPES last name FRED first name
STREET OR RFD PIPES LANE TOWN Sykesville
SUBDIVISION Annapole SECTION 2 LOT 19

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	60	
Brown Sandstone	60	80	
Brown Sandstone	80	84	<input checked="" type="checkbox"/>
GRANITE	84	110	
Brown Sandstone	110	114	<input checked="" type="checkbox"/>
GRANITE	114	125	

GROUTING RECORD
WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT BENTONITE CLAY
NO. OF BAGS 18 NO. OF POUNDS 2692
GALLONS OF WATER 108
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 3 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE ST Nominal diameter top(main)casing (nearest inch) 6 Total depth of main casing (nearest foot) 66'

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

SCREEN RECORD
screen type of openhole insert appropriate code below
STEEL BRASS, BRONZE OPEN HOLE
PLASTIC OTHER

DEPTH (nearest ft.) 125
EACH SCREEN 40 64 125
SLOT SIZE 1 2 2 3 3
DIAMETER OF SCREEN (NEAREST INCH) 5 1/2 from to

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

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

C 3 (seq no)
PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min. to nearest gal.) 30
METHOD USED TO MEASURE PUMPING RATE BUCKET
WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 125
TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED YES NO
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
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 ft.) _____
CASING HEIGHT (circle appropriate box and enter casing height) above below 2 (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)
HOUSE

CIRCLE APPROPRIATE BOX
 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 IDENT. NO. 308
DRILLERS SIGNATURE [Signature]
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

