

6/14/78  
6/15/78  
6/16/78  
*around noon please*  
*around 10:00 A.M. please*

# PERMIT

P 28004

A 24228

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 5/8/78

05-382661

Roland Barth IS PERMITTED TO INSTALL X ALTER

ADDRESS Clarksville Pike, Ellicott City PHONE \_\_\_\_\_

SUBDIVISION Riverside Estates ROAD 7105 Newberry Drive LOT 2, Blk. I

PROPERTY OWNER Stanley Haley

ADDRESS \_\_\_\_\_

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA 297 SQ. FT. 150 SQ. FT. *change ok* total area.

INLET PIPE 2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 5 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SEEN WHEN FACING LOT FROM

Begin the drainfields at a point 145 ft. from Newberry Drive and 15 ft. from the right property line. Run on contour, cleanouts at both ends of trenches. Use heavy plastic pipe, not orange. piRun trenches on the 343, 344, and 345 ft. contours.

PLANS APPROVED BY R.T. Moorefield/D.J. O'Neill DATE 7/21/77

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

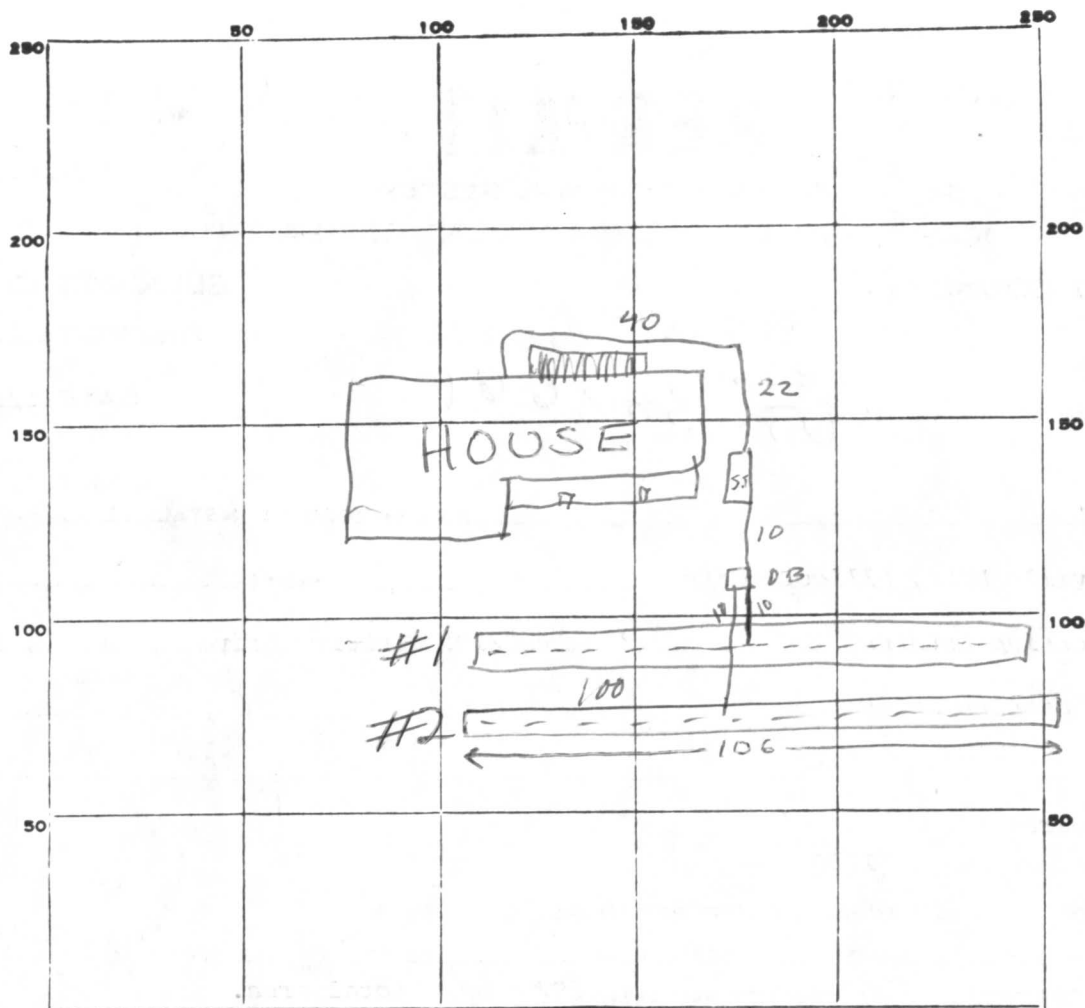
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

BLDG. PERMIT SIGNED AND RETURNED 10/27/79  
Serial # 53809

BLDG. PERMIT SIGNED AND RETURNED 11/21/85  
Serial # 67927 antenna towers

A 24228



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

NEWBERRY DR.

PERMIT CARD  Signal final OK F.S.

SEPTIC TANK, LEVEL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 3 IN. TOTAL LENGTH ±200 FT.

NUMBER OF TRENCHES 2 1/2 SIDEWALL TOTAL BOTTOM AREA ±618 sq

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET 3 FT.

ABSORBENT AREA ±618 SQ. FT.

REMARKS 6-14-78 OK to gravel #1 trench PAB  
6/15/78 O.K. to add gravel to #2 trench F.S.

DATE SYSTEM APPROVED 6/16/78

INSPECTOR F. Spinner

# APPLICATION

A 24228

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 5th

DATE April 27, 1976

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 Residential Developers Inc.  
ADDRESS P. O. Box 700, Seabrook, Maryland 20801 PHONE 301-948-5115  
% William Miller

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 1 Block "A"

ROAD AND ~~DESCRIPTION~~ directions From Ellicott City South on Rt. 29 Approximately 1000 feet South of Rt 32 to Vista Drive; West on Vista Drive to Long View

SIZE OF LOT Approximately one acre TYPE BLDG. 4 Bedroom

IF NOT SINGLE RESIDENCE DESCRIBE (Single Family Dwelling)

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

① ②

0  
1 sandy  
2



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/24/76	A	7	10 <sup>27</sup>	10 <sup>28</sup>	10 <sup>28</sup>	10 <sup>33</sup>	5
	1A	2	10 <sup>28</sup>	10 <sup>30</sup>	10 <sup>30</sup>	10 <sup>55</sup>	25
	B	2	10 <sup>50</sup>	10 <sup>59</sup>	10 <sup>59</sup>	11 <sup>16</sup>	17
	B <sub>1</sub>	10	10 <sup>51</sup>	10 <sup>58</sup>	10 <sup>58</sup>	11 <sup>06</sup>	10
	C						
	C <sub>1</sub>	6	vis	same			
	D	2	10 <sup>55</sup>	10 <sup>57</sup>	10 <sup>57</sup>	11 <sup>07</sup>	10
	D <sub>1</sub>	6½	10 <sup>55</sup>	10 <sup>57</sup>	10 <sup>57</sup>	11 <sup>02</sup>	10

REMARKS \_\_\_\_\_

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

TESTED BY R.M. ALSO PRESENT: \_\_\_\_\_

# 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. 2-I

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)

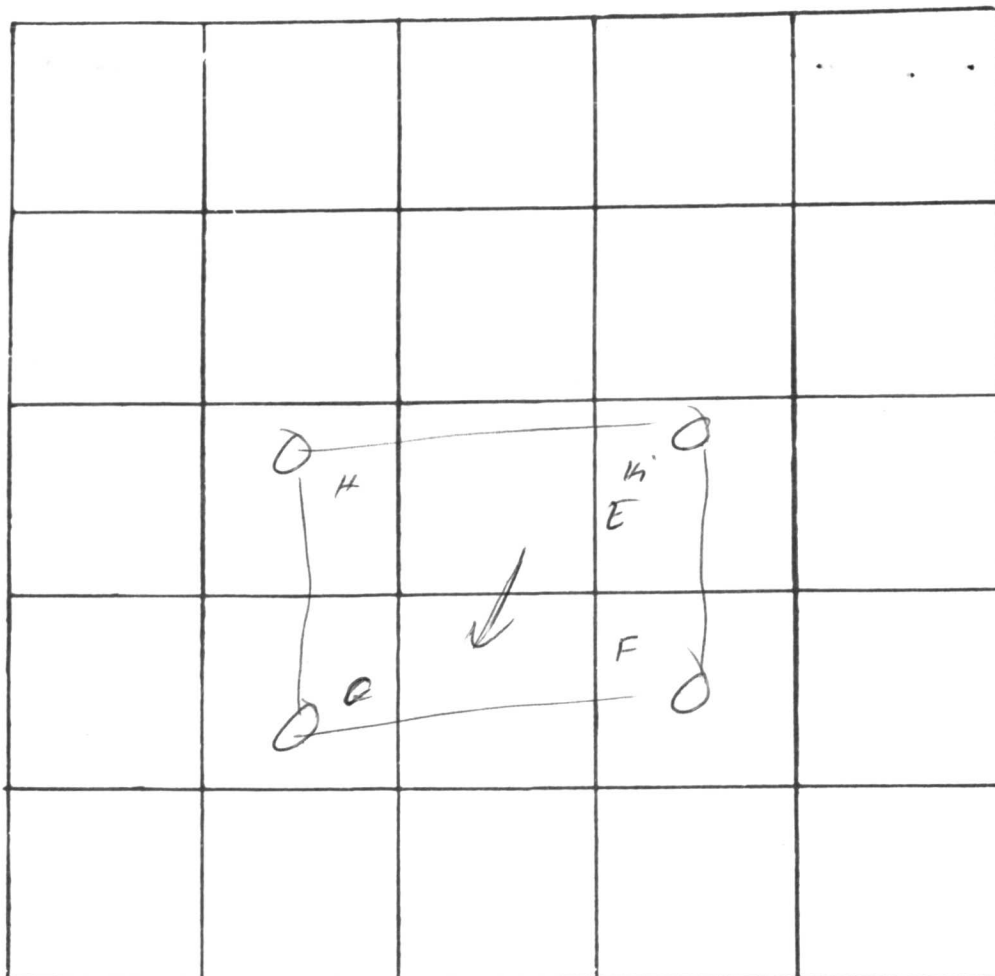
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT

0 —  
1 Sandy  
8 —



2-I

$\bar{t} = 13$   
 $m\bar{w} = 2$   
 $max = 5$

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

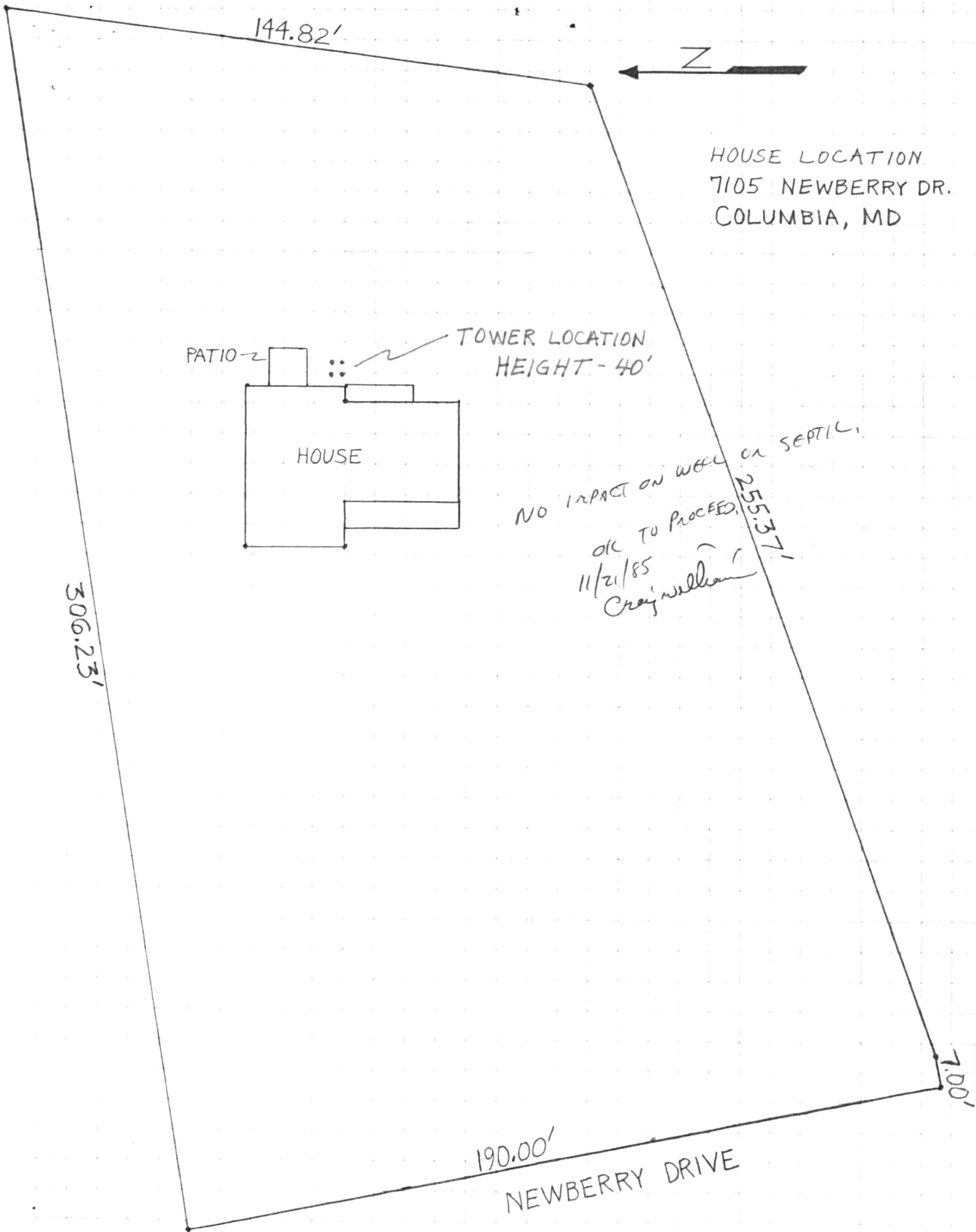
*Newberry Dr.*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/30/77	E	2	145	148	148	2 <sup>01</sup>	13
	E <sub>1</sub>	8	"	"	"	11 <sup>58</sup>	10
	F	2	"	"	"	2 <sup>00</sup>	12
	F <sub>1</sub>	8	"	"	"	"	12
	G	2	"	"	"	2 <sup>01</sup>	13
	G <sub>1</sub>	8	"	146	146	2 <sup>01</sup>	2
	H	8'	—	—	U15	—	—

REMARKS \_\_\_\_\_

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

TESTED BY *JM* \_\_\_\_\_ ALSO PRESENT: \_\_\_\_\_





DRIVE

190.00  
S.N. 00' 21" E  
196.40

20' W  
17' 1/2

PAVED  
APRON

GRAVEL  
DRIVE

CLEANOUTS AS PER COUNTY  
REQUIREMENTS. LOCATED AT  
EACH END

CLEANOUTS AS PER  
COUNTY REQUIREMENT  
LOCATED AT EACH END

N 81° 53' 00" E

306.23

LIBRARY

TYPE C-A  
BSM - 338.8  
FF - 347.5

TYPE A (REV)  
BSM - 339.5  
FF - 348.5

GARAGE

PORCH

FIELD ELEV AT PERC TIME - 345.0  
EXIST FIELD ELEV - 345.0  
ENT. ELEV - 343.0

PIST BOX  
TOP ELEV - 345.0  
INV. ELEV - 343.2

TANK - 2' SOIL  
COVER

WELL LOCATION  
EXIST EL. 352.2

WELL LOCATION  
EXIST ELEV - 347.0

144.82

807° 36' 07" W

262.82

12

1

C 1 7550 SEQUENCE NO. (WRA USE ONLY)

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

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED Oct 1977

8-13 15 20

**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

DEPTH OF WELL 225

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

FO-73-2323

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Halle LAST NAME Stamper FIRST NAME

STREET OR RFD 9332 Annapolis Rd. POST OFFICE Lanham, 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>Sand</u>	<u>0</u>	<u>35</u>	
<u>gray granite</u>	<u>35</u>	<u>205</u>	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  C  M BENTONITE CLAY  B  C

NO. OF BAGS 8 NO. OF POUNDS 752

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 36 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

CASING TYPES: INSERT APPROPRIATE CODE BELOW

S  T  C  O  
 STEEL CONCRETE

P  L  O  T  
 PLASTIC OTHER

MAIN CASING TYPE  S

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 4

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 225

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

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

P  L  O  T  
 PLASTIC OTHER

**DEPTH (NEAREST WHOLE FOOT)**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

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

T  (E.R.O.S.) W  Q

70  72  74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 7

METHOD USED TO MEASURE PUMPING RATE 40

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 45 (NEAREST FOOT)  
 WHEN PUMPING 3 (NEAREST FOOT)

TYPE OF PUMP 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)  29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

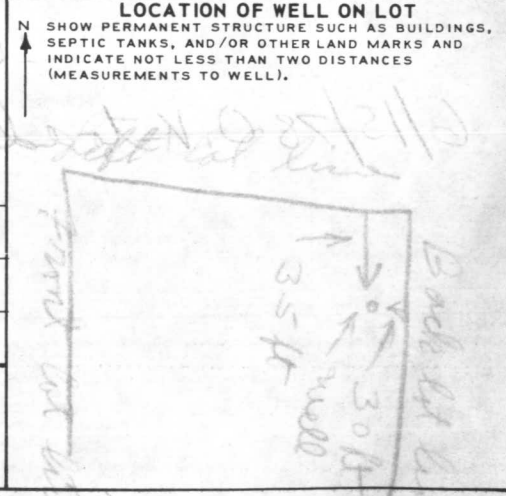
CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_ 31 \_\_\_\_\_ 35

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



**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 Joseph Maguire

(PLEASE PRINT) Joseph Maguire

SIGNATURE Joseph Maguire

C 1 3444 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 WI  
IN 30 DAYS AFTER WELL COMPLET

**FILL IN THIS FORM COMPLETELY**

COUNTY NUMBER Ho-79-5A

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED Jan 19 1979

8-13

DEPTH OF WELL 145

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

140-73-3138

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Zimmer LAST NAME FIRST NAME Thompson

STREET OR RFD 115 Marberry Dr POST OFFICE Thompson

**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>Sand</u>	<u>0</u>	<u>60</u>	
<u>gray mica</u>	<u>60</u>	<u>75</u>	
<u>gray granite</u>	<u>75</u>	<u>145</u>	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT  BENTONITE CLAY

NO. OF BAGS 16 NO. OF POUNDS 1504

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 70 FT.

**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) 77

**OTHER CASING (IF USED)**

DIAMETER (INCH) DEPTH (FEET) FROM TO

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE

PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**

FROM TO

1 110 75 145

2

3

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 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

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE W

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 53 (NEAREST FOOT)

WHEN PUMPING 5 (NEAREST FOOT)

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

AIR  PISTON  TURBINE

CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)

JET  SUBMERSIBLE

**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

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

ABOVE } LAND SURFACE (NEAREST FOOT)

BELOW } 2

**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).

*Handwritten notes and diagrams on the right side of the page, including a sketch of a well location and distances to structures.*

**CIRCLE APPROPRIATE BOXES**

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 Joseph L. May

(PLEASE PRINT) SIGNATURE Joseph L. May

RECEIVED

JAN 32 8 42 AM '70

HOWARD COUNTY  
HEALTH DEPT.  
ELLCOTT CITY, MD.

